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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F21584

BEST MADE HOMES, INC.

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90044 019 \*\*\*150.00



Principal Place	e of Business	Mailing Address		• ! .	<b>的</b> 建蛋白物 医	
3455 NW 55TH ST. 3455 NW 55TH ST. FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309		3455 NW 55TH ST. FT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE		
	i.			3. Date Incorporated or Qua		*
	i.			03/02/1981		
	I Delivered	2a. Mailing Address		4. FEI Number	7,0,1	Applied For
<del>-</del>	lace of Business	26	÷	59-2155037		Not Applicable
21	# atc	Suite, Apt. #, etc.			rod il i	5 Additional
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desir	Fee	Required
City & State	е	City & State		6. Election Campaign Finar		00 May Be
23		28		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	8. This corporation owes th	e current year Intangible	No
24	25	29 30	)	Personal Property Tax.	Yes	AINO
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of	New Registered Agent	
			81 Name	•		
	TILLA, ADOLFO J JR. T MADE HOMES, INC.		82 Street Add	ress (P.O. Box Number is Not A	cceptable)	
	5 N.W. 55TH STREET		83		<b>和其他語。那門</b>	在 都 和 和
	LAUDERDALE FL 33309			(株子(利) (東) (日報) (本) (中) (中) (中) (中)	# 15 15 15 15 15 15 15 15 15 15 15 15 15	Zip Cöde
	1,12,12		84 City		FL FL	·
. II. Pursuam		502 and 607.1508, Florida Statutes,		oration submits this statement i ion's board of directors. I hereby	accept the appointment a	is registered
	am familiar.with, and accept the oblig	galloris of, Section 607.0000, Florida	a Statutés.	ed when reinstating)	, DATE	
office or i agent. I a SIGNATURE	am familiar with, and accept the obition  i  Signature, typed or printed name of registered a	galloris of, Section 607.0000, Florida		ed when reinstating)	DATE	CTORS IN 12
office or i agent. I a	am familiar with, and accept the obition  i  Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating)	, DATE	CTORS IN 12
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14. Thereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE: