FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90069 020 ***150.00

DOCUMENT # F22601

1. Corporation Name
LUCIA CUSTOM HOME DESIGNERS, INC.

Principal Place of Business	Mailing Address
402 PINETREE ROAD LAKE MARY FL 32746	402 PINETREE ROAD LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/10/1981

2. Principal Place of Business
21 1650 Lee Road
22 Suite, Apt. #, etc.
23 City & State: Winter Park, FL
24 Zip: 32789 25 Country

2a. Mailing Address
26 1650 Lee Road
27 Suite, Apt. #, etc.
28 City & State: Winter Park, FL
29 Zip: 32789 30 Country

4. FEI Number: 59-2085886 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KASSIK, KAREN R
402 PINETREE RD
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: KASSIK, KAREN R.
82 Street Address (P.O. Box Number is Not Acceptable): 129 Holtz Dr.
83
84 City: Casselberry FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	LUCIA, JAMES C		1.2 NAME	
STREET ADDRESS	402 PINE TREE RD		1.3 STREET ADDRESS	517 Mason St.
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
TITLE	PST	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	KASSIK, KAREN R.		2.2 NAME	
STREET ADDRESS	402 PINE TREE RD		2.3 STREET ADDRESS	129 Holtz Dr.
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen R. Kassik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

4076897001
Daytime Phone #

CR2E034 (11/98)