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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F68870

(7)

MAI	llard Builders of Engle	EWOOD, INC.				
Principal	Place of Business	Mailing Address		****	T DESTRUCTIVE OF THE STATE OF T	
11075 GREENWAY AVENUE ENGLEWOOD FL 34224 US		11075 GREENWAY AVENUE 735 OXFORD DRIVE ENGLEWOOD FL 34223-3544 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
ŀ					02/26/1982	
2. Princi	pat Place of Business	2a. Mailing Address	··		4. FEI Number Applied For	
21		26			59-2407638 Not Applicate	ole
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & 23	State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	_	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent	
	BAUMANN, RICHARD W		81	Name	е	
	11075 GREENWAY AVE.		82	Street	et Address (P.O. Box Number is Not Acceptable)	
1 11	ENGLEWOOD FL 34224		ļ			
			83			
			84	City	B5 Zip Code	
office ager SIGNATL					ed corporation submits this statement for the purpose of changing its registered or poration's board of directors. I hereby accept the appointment as registered or required when reinstelling) DATE	í –
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	on
NAME	BAUMANN, RICHARD		1.2 NAME			
STREET ADD	HESS 11075 GREENWAY AVENUE 13		1.3 STREET	ADDRESS	s	
CITY-ST-ZIF	ENGLEWOOD FL 34224		1.4 CITY-3	ST-ZIP		
TITLE	8	☐ DELETE	2.1 TITLE		Change Additi	ОП
NAME			2.2 NAME			
STREET ADD		E	2.3 STREE	ADDRESS	3	
CITY-ST-ZIF	ENGLEWOOD FL 34224		2. 4 CITY -	ST-ZIP		
TITLE		☐ DEL e te	3.1 TITLE		Change Additi	.on
NAME			3.2 NAME			
STREET ADD	· 1		3.3 STREE			
CITY-ST-ZIF	·	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP	Change Addition	Δn
NAME			4. 2 NAME			011
STREET ADD	peec		4.3 STREET	ADDECC		
CITY-ST-ZH			4.4 CITY-5		' ·	
TITLE		DELETE	5.1 TITLE	H-4R	☐ Change ☐ Additi	on
NAME			5.2 NAME			
STREET ADDR	AESS		5.3 STREET	ADDRESS		
CITY-ST-ZIF			5.4 CiTY-8			
TITLE		DELETE	6.1 TITLE	, 411	☐ Change ☐ Additi	on
NAME			6.2 NAME			
STREET ADOI	RESS		6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5			

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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or or an accurate with an address.

NOVE TO STATE OF THE PARTY OF T

1-4-94

au - 474-1781

FILED

Apr 16 1998 8:00am

Secretary of State