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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92651

1. Corporation Name

BEVERLY HILLS HOMES, INC.

Principal Place of Business Mailing Address							T ###15### (140 10110 \$1010 0110) Billat 11		IS BIREL DIG	il Athu mikii tan
3 BEVERLY HILLS BLVD BEVERLY HILL FL 34465-0000 US			P.O. BOX 640001 BEVERLY HILL FL 34464-0001 US			DO NOT WRITE I	IN THIS S	PACE		
							3. Date Incorporated or Qualifed 07/29/1982			
2. Principal Pl	lace of Business	2a.	Mailing Address	-			4. FEI Number	_	1 7	Applied For
21		26					59-2211195			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	_			5. Certifcate of Status Desired	- -	\$8.75	Additional
22	\$	27					5. Certificate of Status Desired		Fee	Required
City & State	e		City & State				6. Election Campaign Financing	1	\$5.0	0 May Be
23		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Coun	ntry		8. This corporation owes the current			ma.
24		29		30			Personal Property Tax.		☐ Yes	□ No
	9. Name and Address of Curre	ent Regist	tered Agent			N	10. Name and Address of New Regi	stered A	gent	
DOM	IALD, J. COLLINS				81	Name				
•	EVERLY HILLS BLVD				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	ERLY HILLS FL 34465			.	-					
DEVE	ERLI HILLS FL 34403				83					
	•				84	City		FI	85 Zi	p Code
								FL	1 [ite vegistered
11. Pursuant i	to the provisions of Sections 607.05 registered agent, or both, in the State	502 and 60 e of Florid	07.1508, Florida Statute la. Such change was au	es, the ab uthorized	ove-i by th	named corp ne corporati	poration submits this statement for the pur on's board of directors. I hereby accept the	pose of c le appoint	ment as	registered
agent. I a	m familiar with, and accept the oblig	gations of,	Section 607.0505, Flor	rida Statu	tes.		,			
SIGNATURE										
	Signature, typed or printed name of registered at				Agent :	signature require		DATE	DIREC	TOPS IN 12
12.	OFFICERS A		CTORS	13.		signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
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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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP