

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000005036 (8)

1. Corporation Name

AMERICAN MODEL HOME CORPORATION

Principal Place of Business

Mailing Address

4621 TELLER AVE., STE 100
NEWPORT BEACH CA 92660

4621 TELLER AVE., STE 100
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 6 Upper Newport Plaza

2a. Mailing Address

26 6 Upper Newport Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Newport Beach, California

27 City & State

28 Newport Beach, California

24 Zip

92660

25 Country

USA

29 Zip

92660

30 Country

USA

4. FEI Number

33-0601524

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCDS
NAME DONNELLY, PAUL N
STREET ADDRESS 4621 TELLER AVE., STE 100
CITY - ST - ZIP NEWPORT BEACH CA

TITLE ~~ASD~~
NAME ~~JAGEMANN, TIM~~ (DELETE)
STREET ADDRESS ~~4621 TELLER AVE., STE 100~~
CITY - ST - ZIP ~~NEWPORT BEACH CA~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 6 Upper Newport Plaza
14 CITY - ST - ZIP Newport Beach, CA 92660

21 TITLE
22 NAME
23 STREET ADDRESS 6 Upper Newport Plaza
24 CITY - ST - ZIP Newport Beach, CA 92660

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/95 714-252-8350

Date

Telephone