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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000000756 (5)

1. Corporation Name  
UNITED VANGUARD HOMES, INC.



Principal Place of Business  
4 CEDAR SWAMP ROAD  
GLEN COVE NY 11542

Mailing Address  
4 CEDAR SWAMP ROAD  
GLEN COVE NY 11542-3744

3. Date Incorporated or Qualified  
02/15/1995

3a. Date of Last Report  
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
11-2032899

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

81 Name

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

83

84 City

FL

85 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 607.0505, 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 CD  
NAME PAFFENDORF, CARL G  
STREET ADDRESS 4 CEDAR SWAMP ROAD  
CITY-ST-ZIP GLEN COVE NY ☐ DELETE

TITLE PYD  
NAME LAIRD, LARRY L  
STREET ADDRESS 11906 FOREST DRIVE  
CITY-ST-ZIP CARMEL IN ☐ DELETE

TITLE D  
NAME FRANK, BENJAMIN  
STREET ADDRESS 5785 MOUNTAIN ROAD  
CITY-ST-ZIP STOWE VT ☐ DELETE

TITLE D  
NAME GABRESKI, FRANCIS S  
STREET ADDRESS 106 RYDER AVENUE  
CITY-ST-ZIP DIX HILLS NY ☐ DELETE

TITLE V  
NAME D'ANDREA, PAUL  
STREET ADDRESS 4 CEDAR SWAMP ROAD  
CITY-ST-ZIP GLEN COVE NY ☐ DELETE

TITLE S  
NAME GOVIER, THERESA A  
STREET ADDRESS 4 CEDAR SWAMP ROAD  
CITY-ST-ZIP GLEN COVE NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

PAUL D'ANDREA

4/30

1997

GLEN COVE NY

CR2E034/9/96