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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F95000000756

1. Corporation Name

UNITED VANGUARD HOMES, INC.

| Principal Place of Business | | Mailing Address | Mailing Address | | | 1 1991142 1119 10191 1111 2011 | 7 881() 88()) 98()) | | |
|--|--|--|--------------------------|-------------|---|---|---------------------|----------------|----------------------|
| 4 CEDAR SWAMP ROAD | | 4 CEDAR SWAMP ROAD | | | 1 | | | • | |
| GLEN COVE NY 11542 | | GLEN COVE NY 11542 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3 | . Date Incorporated or Qualit | | | |
| | | | | | | 02/15/1995 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4 | I. FEI Number | | T A | pplied For |
| 21 | | 26 | | | 11-2032899 | | N | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | i. Certifcate of Status Desired | d 🗆 | • | Additional | |
| 22 | | 27 | | | Certificate of Status Desired | | Fee R | equired | |
| City & State | | City & State | | | 6 | Election Campaign Financi | ng 🗆 | • | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip Country | | Zip Country | | | 8 | I. This corporation owes the | current year Int | angible Yes | □No |
| <u> </u> | | 29 30 | | | Personal Property Tax.), Name and Address of Ne | w Pooletored | | LINO | |
| Name and Address of Current Registered Agent | | | | | |), Name and Address of Ne | w registered | - yein | |
| CTO | CORPORATION SYSTEM | | 81 | Name | | | | | |
| 1200 SOUTH PINE ISLAND ROAD | | 82 | | Street | t Address (| P.O. Box Number is Not Acc | eptable) | | |
| PLANTATION FL 33324 | | | 83 | | | | | | |
| . – | | | | | | <u> </u> | | | |
| | | | 84 | City | | | FL | . ' , ' | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes, | the above | -named | d corporation | on submits this statement for | the purpose of | changing its | s registered |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auth ations of, Section 607.0505, Florida | iorized by a Statutes | tne corp | poration s t | board of directors, i fiereby ac | cept tile appoi | minerik da ik | chistered |
| SIGNATURE | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered agent and title if applicable. | | | | t signature | required when | | DATE | | |
| 12. | _ | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO | OFFICERS AN | D DIRECTO | ORS IN 12 ☐ Addition |
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | | | | ☐ Criange | ☐ Addition |
| NAME I | PAFFENDORF, CARL G | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | 1.3 STREET | | S | | | | |
| CITY-ST-ZIP | GLEN COVE NY | ₹ DELETE | 1.4 CITY-S | T-ZIP | ++- | 16417 = 2 | | Change | ⊠ Addition |
| TITLE | PVD | DELETE: | 2.1 TITLE | | 1/4 | ASURER | | Onlange | [A] Addition |
| NAME | LAIRD, LARRY L | | 2.2 NAME | | | JGUTTMAN Larswamp Roan Cove, NY1154 | با | | ļ |
| STREET ADDRESS | 11906 FOREST DRIVE | | 2.3 STREE | ADDRESS | Gia | a Constant | (0 | - | |
| CITY-ST-ZIP | CARMEL IN | ☐ DELETE | | T- ZIP | Gier | VONE VALIE | 12 | Change | Addition |
| TITLE | D | LJ DELETE | 3.1 TITLE | | | | | ☐ Gilaligo | |
| NAME | FRANK, BENJAMIN | | 3.2 NAMÉ | | | | | | |
| STREET ADDRESS | 5785 MOUNTAIN ROAD | | 3.3 STREET | | S | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- S | T-ZIP | | | | Change | Addition |
| TITLE | D CARDEON COANCIO C | C DECEIC | 4.1 TITLE | | | | | [_] onongo | [|
| NAME | GABRESKI, FRANCIS S | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | 106 RYDER AVENUE | | 4.3 STREE | | 8 | | | | |
| CITY-ST-ZIP | DIX HILLS NY | ☐ DELETE | 4.4 CITY-S | T-ZIP | | | | Change | Addition |
| TITLE | V DIANDDEA DALII | | 5.1 TITLE 5.2 NAME | | | | | | |
| NAME | D'ANDREA, PAUL | | 5.3 STREE | L AUDRESS | s | | | | |
| STREET ADDRESS | 4 CEDAR SWAMP ROAD | | 5.4 CITY-S | | - | | | | |
| CITY-ST-ZIP | GLEN COVE NY | ☐ DELETE | 6.1 TITLE | 1-4F | + | | | Change | Addition |
| TITLE | S COMED THERESA A | □ vcre≀r | 6.2 NAME | | | | | | |
| NAME | GOVIER, THERESA A | | | ADDRESS | | | | | |
| STREET ADDRESS | 4 CEDAR SWAMP ROAD | | AT STATE | ישטעבטט | ٦ | | | | 1 |

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE

GLEN COVE NY

CITY-ST-ZIP

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90092 015 ***150.00