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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	DIVISION OF CO	III ONATIONS	_]	_
1. Corporanoi	MENT # G68364 EST HOMES, INC.	(0)		g hings so be der bereit bereit bereit beite beite fie	niën brûll 47811 Brah d'dd). Brah 2001
Principal Place of Business		Mailing Address			irmii Gilliu gelin Artin Gener geleit enn.
3195 S. MCCALL ROAD ENGLEWOOD FL 34224		3196 S. MCCALL ROAD ENGLEWOOD FL 34224-8642 US			
US		US		3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 08/05/1996
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		59-2342258	Not Applicable \$8.75 Additional
22	Ψ, Gio.	27		5. Certificate of Status Desired	Fee Required
City & State	D.	City & State		8. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29 30	¬ .	8. This corporation has liability for it Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
SOUPRIGUIST, CHANCES E.					
3195 S MCCALL ROAD ENGLEWOOD FL 34224			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		85 Zip Code
					FL
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607,1508, Florida Statutes, f Florida: Such change was aut	the above-named corp horized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered ! If the appointment as registered !
ĺ	m familiar with, and accept the obligati	ions of, Section 607.0505, Floric	da Statutes.	•	
SIGNATURE	Sugratione typical or printed name of registered agent	and title If applicable. (NOTE: R	logistered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST SODERQUIST, CHARLES E.	DELETE	1.1 TITLE		Change
NAME STREET ADORESS	3195 S MCCALL ROAD		1.2 NAME 1.3 STREET ADDRESS		
City-St-2if	ENGLEWOOD FL		1.4 CITY - ST - ZIP		
TITLE	VO	DELETE	2.1 TITLE		Change Addition
NAME	SODERQUIST, CHARLES E.		2.2 NAME		
STREET ADDRESS	3195 S MCCALL ROAD		2 3 STREET ADDRESS		
CHY-SI-ZiP THLE	ENGLEWOOD FL	DELETE	2 4 CITY-ST-ZIP		Change Addition
NAME			3.2 NAME		The second second
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TIFLE		Change Addition
NAME STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 City-St-Zip		
TIFLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY - S1 - ZiP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME		C) oregin	6.1 TITLE 6.2 NAME		Change Chyongon
STREET ADDRESS			6.3 STREET ADDRESS		
J			[		ſ

64 CITY-ST-ZIP

14. If 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 manged, or on an attackment with an address.

SIGNATURE:

HED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

475-5678 Dayline Phone #

**FILED** 

May 12 1997 8:00am

Secretary of State