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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H69203

(8)

WHITEHALL HOMES, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place	or Business	Malling Add	ness						
290 COCOANUT AVE. BARASOTA FL 34236			290 COCOANUT AVE. SARASOTA FL 34238						
Oranio Orani		O/MINOOTI	1 6 01600				DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualified		
							07/25/1985		
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number		Applied For
21		26				59-2570749		Not Applicable	
Suite, Apt. #, etc.		Suite A	Suite, Apt. #, etc.					\$8.7	5 Additional
22		27]				5. Certificate of Status Desired	Fee	Required
City & State		City & S	City & State			6. Election Campaign Financing	\$5.0	O May Be	
23		28	1			Trust Fund Contribution Added to Fees			
Zip	Country	Zip				8. This corporation owes or has paid the	current year	Intangible	
24	26	29		30			Personal Property Tax due June 30.	Yes	□No
	9, Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New Registe	red Agent	
MU	STARI, RONALD			8	31 1	Name			·
	COCOANUT AVE.			-	 -,	04	(D.O. Davidianianianianianianianianianianianianiani		
	RASOTA FL 34236			8	32 5	oreer Ador	ress (P.O. Box Number is Not Acceptable)		
O/W	1400 IA 1 C 04200			ē	33				
				8	4 (City		FL 85 Zi	ip Code
11 Dureupht	a the provisions of Sections 607 (II	502 and 607 1508	Elorida Status	tos the abo	N(O.D	amed corr	poration submits this statement for the purpor	_	a its registered
office or re	egistered agent, or both, in the Sta	ite of Florida. Such	change was	authorized	by th	ne corporat	tion's board of directors. I hereby accept the	appointment	as registered
agent. I ar	n familiar with, and accept the obl	igations of, Section	607.0505, Fl	orida Statut	les.				
SIGNATURE					•		lred when reinstating) DA	4.	
12.	Signature, typed or printed name of registered a	ND DIRECTORS	(NC)	13.	чрепі в	agnature requir	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	DP		DELETE	1.1 TITLE	F		ABBITION OF INTRACE TO STATISTICAL	Chang	
NAME	MUSTARI, RONALD			1.2 NAM				<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ann 0000 1111 7 117				4		20000			
BIDIOOTI EI			1.3 STREET ADDRESS			وه ي المرة	*	1	
CITY-ST-ZIP	D D		DELETE	1.4 CITY 2.1 TITLE		JP		Chang	e Addition
TITLE	•	L							e L'Addition
	MUSTARI, JOANNE C.				2.2 NAME				
STREET ADDRESS	290 COCOANUT AVE		2.3 STF		EET AD	DRESS	·.		
CITY-ST-ZIP	SARASOTA FL		The ste	2. 4 CiTY		ZIP			
TITLE		ι	DELETE	3.1 TITLE	E			☐ Chang	je 🔲 Addition
NAME				3.2 NAM	ΙĒ				
STREET ADDRESS				3.3 STRE	EET ADI	DRESS			
CITY-ST-ZIP				3.4. CITY	Y-ST-2	2IP			<u>.</u>
TITLE		Ĺ	DELETE	4.1 TITLE	E			L Chang	je 🔲 Addition
NAME				4. 2 NAM	ΛE	1			
STREET ADDRESS				4.3 STRE	EE1 ADI	DRESS			
CITY-ST-ZIP				4.4 CITY	·ST-Z	/IP			
TITLE			DELETE	5.1 TITLE	E			Chang	e 🔲 Addition
NAME				5.2 NAM	E				
STREET ADDRESS				5.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP				5.4 CITY					
TITLE			DELETE	6.1 TITLE				Chang	e 🔲 Addition
NAME		_		6.2 NAM					_
STREET ADDRESS				6.3 STRE		UBEGG			
						ľ			
CITY-ST-ZIP				6.4 CITY	-31-2	, IF			1

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 supplication 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.