## 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

DOCUMENT # H70431

(2)

ACC HOMES CORPORATION

Mailing Address

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2807 E GROVE LANE HOUSTON TX 77027

Suite, Apt. #, etc.

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Principal Place of Business

2. Principal Place of Business

2807 E GROVE LANE HOUSTON TX 77027

2a. Mailing Address

Suite, Apt. #, etc.

**FILED** Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Fee Required

Not Applicable

07/23/1985

76-0159712

5. Certificate of Status Desired

4. FEI Number

Zip	City & Stati	<del>0</del>	City & S	City & State					Election Cam	paign Finan	icing		\$5.0	<b>)0</b> ма	v Be
Section Property and Advises of Current Registered Agent   10. Name and Address of Current Registered Agent   10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10.	23		28										•		•
94   25   29   30   Personal Property Tax due June 30   Nes   No   No   No   No   No   No   No   N	<u> </u>	Country	Country Zip C			ountry			8. This corporation owes or has paid the current year Intangible						ible
NICKSON, CHARLES G. C/O LINDA ROEBELT, STATELLITE 2559 B NURSERY ROAD CLEARWATER FL 34624  136   Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of Sections 807 0502 and 507 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an imalialize with, and accept the obligations of, Section 807 0505, Florida Statutes  SIGNATURE Signature typed or primare days and the Vasicable.  PD NICKSON, CHARLES G. 13 TIME PD NICKSON, CHARLES G. 13 TIME PD NICKSON, CHARLES G. 13 TIME 14 CITY ST- 2P  TIME 15 TIME 1	24						,	į f	Personal Property Tax due June 30. 🔲 Yes 🔲 No						
C/O LINDA ROEBELT, STATELLITE 2559 B NURSERY ROAD CLEARWATER FL 34624  383  44 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 Plorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the official statutes.  SIGNATURE  12. VORTICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. INDITE NORMAN AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. IT			<u> </u>	,		10.	Name and Ad	dress of N	lew Regi	stered A	gent				
2559 B NURSERY ROAD CLEARWATER FL 34624  24 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this attainment for the purpose depending of sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this attainment for the purpose depending of sections of Sections 507.0502 and 607.1508, Florida Statutes.  SIGNATURE  Signature, hyperic or private name or registered appert, 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 appert, 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 appert, 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 appert, 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 appert, 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 appert, 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 and such as authorized by the corporation's board of directors. I hereby accept the appointment as registered and such as authorized by the corporation's board of directors. I hereby accept the appointment as registered appert, and all the purposes authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the objectors. I hereby accept the appointment as registered and accept the objectors. I hereby accept the deposition of the such accept the directors. I hereby accept the deposition of the such accept the deposition of the such accept the deposition of the such acce	· · · · · · · · · · · · · · · · · · ·					N.	ame								
2559 B NURSERY ROAD  CLEARWATER FL 34624  83  84 City  FL 85 Zip Code  T1. 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 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, 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typerd or printed name or registered agent and title if applicable.  MOTE: Registered Agent signature required when refreshability.  DATE  12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD  NICKSON, CHARLES G.  2807 EAST GROVE LANE  11.3 INTER ADDRESS  CITY-ST-2P  TITLE  DELETE  11.1 TITLE  DELETE  11.3 TITLE  Change Addition  AMAGE  3.3 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  4.1 TITLE  Change Addition  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  4.1 TITLE  Change Addition  Addition  AND STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  4.1 TITLE  Change Addition  Addition  ACCENTY-ST-2P  TITLE  Change Addition  Addition  ACCENTY-ST-2P  TITLE  Change Addition  ADDITIONS/CHANGES IN 12.  Change Addition  Addition  ACCENTY-ST-2P  TITLE  Change Addition  ADDITIONS/CHANGES IN 12.  Change Addition  Addition  ACCENTY-ST-2P  TITLE  Change Addition  ADDITIONS/CHANGES IN 12.  Change Addition					82	St	reet Addres	ss (P.0	O. Box Numb	er is Not Ac	ceptable	<u>)</u>			
T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florada 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, Section 607.0505, Florida Statutes, The acceptance of the appointment as registered agent, or both, in the State of Rovice Agent and the # applicable.  If a manufacture of the purpose of changing its registered agent, or both, in the State Agent agent and the # applicable.  If a manufacture of the purpose of changing its registered agent, or both, in the State Agent agent and the # applicable.  If a manufacture of the purpose of changing its registered agent, or both application agent agen															
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Signature, typed or printed many of registered appet and tile if applicable.   (NOTE: Registered appet signature required when reimadring)   DATE	office of registered agent, or both, in the state of rionda. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered														
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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 applied each try supplemental applied to the applied on this applied to the section of the secti	14. I hereby co	ertify that the information supplied with	this filing does	not qualify for th	e exempti	ion s	stated in Sec	ction	119.07(3)(i). F	lorida Statu	ites. I fur	ther certi	v that th	ne info	mation

incompletion is true, and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an fostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the provided of the control of th officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attached

SIGNATURE: