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

PROFIT CORPORATION ANNUAL REPORT 1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H83892

(0)

CALAIS HOME CORPORATION

FILED
Apr 17 1998 8:00am
Secretary of State

281-444-9300

Principal Place of Business	,	Mailing Address		ו און עווא פווא ועוון אין און אין אין אין אין אין אין אין אין אין אי	i ologi albit atati albit blati 1881
20 N ORANGE AVE		20 N ORANGE AVE			
STE 1000 ORLANDO FL 32801		ste 1000 Orlando fl 32801		DO NOT WRITE IN T	THIS SPACE
US		US		3. Date Incorporated or Qualified	
····				11/05/1985	
2. Principal Place of Busine:	 	a. Mailing Address		4, FEI Number	Applied For
Suite, Apt #, etc.	26	Suite, Apt. #, etc.		58-1648175	Not Applicable
22	27	<u>l</u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid th	e current year Intangible
24 2			30	Personal Property Tax due June 30.	Yes No
	nd Address of Current Regi	stered Agent	81 Name	10. Name and Address of New Registe	ered Agent
HUMPHRIES, J			81 Name		
20 N ORANGE	AVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
#1000 ORLANDO FL 32	2004		83		
UNLANDO PL 34	2001				
			84 City		FL 85 Zip Code
agent. I am familiar with	nt, or both, in the State of Floi , and accept the obligations (nda. Such change was a of, Section 607.0505, Flo	authorized by the corporat orida Statutes.	poration submits this statement for the purpo tion's board of directors. I hereby accept the	e appointment as registered
12.	printed name of requirement agent and in OFFICERS AND DIRE		Registered Agent a gnature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE CPT	CHI TOCHCHIA	DELETE	1.0 THILE	ADDITIONAJOHANAES TO OFFICER	Change Addition
	.U, MICHAEL D		1.2 NAME		
STREET ADDRESS 201 E PIN			1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO	FL		1.4 CITY - ST - ZIP		
TITLE 8		☐ DELETE	2.1 TITLE		Change Addition
	U, MICHAEL D(CEO		2.2 NAME		
STREET ADDRESS 201 E PIN			2.3 STREET ADDRESS		
TITLE OHLANDO	<u> </u>	DELETE	2. 4 CITY - S1 - ZIP 3.1 TITLE		Change Addition
NAME		Meeting	3.2 NAME		C Strongs C Modition
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			5		
1 1			4 3 STREET ADDRESS		J
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - 7IP		
CITY-ST-ZIP TITLE		☐ DELETE	4		☐ Change ☐ Addition
		DELETE	4.4 CITY - ST - 7IP		Change Addition
TITLE NAME STREET ADDRESS		☐ DELĒTE	4.4 CITY-ST-7IP 5.1 TRUE		Change Addition
TITLE NAME		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME		Change Addition

6.3 STREET ADDRESS

6.4 CITY - \$1 - 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 early that I am an officer or director of the corporation or the receiver or trusted 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.

Michael D. Barrineau