FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (5)DOCUMENT # J64158 VIVONETTO CUSTOM HOMES, INC. Principal Place of Business Mailing Address % JACK VIVONETTO % JACK VIVONETTO 2186 J & C BLVD 2186 J & C BLVD NAPLES FL 33942 NAPLES FL 33942 3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1987 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0027641 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VIVONETTO, JACK Street Address (P.O. Box Number is Not Acceptable) 2186 J & C BLVD 83 NAPLES FL 33942 City Zip Code 85 11. Pursuant to the provisions of Section Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office e was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lorida Statutes. or registered agent, or both familiar with, and accept the JACK VIVONETTO, PRESIDENT APRIL 9, 1996. o tribuit an olicabio (12/95) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TIFLE Addition Change NAME VIVONETTO, JACK CR2E034 1.2 NAME 2186 J & C BLVD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL DITY-ST-ZIP 1.4 CITY - ST - 21P THEE DELETE 2 1 TIT: F Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 24 CITY - ST - 7IP 10116 DELETE 3 > 101 E ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CIEV - ST - ZIP 3.4 CiTY-ST ZIP DELETE TITLE 4.1 T-TLE Change Addition NAME STHEE! ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 712 4.4 CHTY - ST - 2IP TITLE DELETE 5 1 THUE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STEEL LADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP THLE DELETE 6 1 THILE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-7/P 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 control of the con

PRESTED NAME OF SIGNING OFFICER OF DIRECTOR VIVONETTO

2) address

oath; that I am an officer or director of the cappears in Block 12 or Block 13 if chapped

SIGNATURE:

APRIL 9,1996

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