

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

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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J80703

1. Corporation Name
JC HOMES, INC.



Principal Place of Business
**1404 STATE RD 7 (441)
 SUITE 205
 MARGATE FL 33063**

Mailing Address
**1404 STATE RD 7 (441)
 SUITE 205
 MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 7540 W. MC NAB RD.
 Suite, Apt. #, etc. **E-15**
22

2a. Mailing Address
26 7540 W. MC NAB RD.
 Suite, Apt. #, etc. **E-15**
27

City & State
23 NORTH LAUDERDALE FL.
 Zip **33068** Country **BROWARD**
24 **25**

City & State
28 NORTH LAUDERDALE FL.
 Zip **33068** Country **BROWARD**
29 **30**

3. Date Incorporated or Qualified
06/29/1987

4. FEI Number
65-0004302 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MCLAUGHLIN, THOMAS J ESQ.
200 SOUTH PARK ROAD
SUITE 310
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
81 Name Joseph R. Giaramita, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 2016 Harrison Street
83
84 City Hollywood FL 85 Zip Code 33020

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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Joseph R. Giaramita DATE 4-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FALCO, CARMINE	
STREET ADDRESS	1404 STATE ROAD 7, SUITE 205	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FALCO CARMINE	
1.3 STREET ADDRESS	7540 W. MC NAB RD. BAY E-15	
1.4 CITY-ST-ZIP	NORTH LAUDERDALE FL, 33068	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE: Carmine Falco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CARMINE FALCO DATE 3/10/99 DAYTIME PHONE # (954) 720-8786

CR2E034 (11/98)