## 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 # J80829

(1)

P.E.I. HOMES, INC. Principal Place of Business Mailing Address 2164 DEER HOLLOW CIR 2164 DEER HOLLOW CIR P.O. BOX 950910 P.O. BOX 950910 DO NOT WRITE IN THIS SPACE LAKE MARY FL 32795-7910 LAKE MARY FL 32795-7910 3. Date Incorporated or Qualified 07/01/1987 2. Principal Place of Business Mailing Address FEI Number Applied For P O Box 950910 2164 Deer Hollow Cir 21 26 22-2346489 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 Lake Mary, FL Longwood, 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Seminole 29 32795-0910 Seminole 24 32779 30 X Yes Personal Property Tax due June 30. ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 PLEUS, ROBERT J. JR. 255 S ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DIMARCO, ATTILIO NAME 1.2 NAME **CR2E034** 2164 DEER HOLLOW CIR STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE DIMARCO, CAROL NAME 2.2 NAME 2164 DEER HOLLOW CIR STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP \_\_\_ DELETE \_\_\_ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 adjudate 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.

SIGNATURE: Attilio Di MardoRE

CITY-ST-ZIP

Orno 1-6-98

(407) 327-7807

**FILED** 

Feb 05 1998 8:00am

Secretary of State