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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90039 022 ***150.00

DOCUMENT # K49499

CHADWELL HOMES CORPORATION

OHADVI	LE HOMES CONFORMION				
Principal Place	e of Business	Mailing Address			idita sati digit didit dibit digit atau diant Japr
322 CHADWELL		P.O. BOX 128			
P.O. BOX 128		SEFFNER FL 33583		DO NOT IN	NITE IN THIS COACE
SEFFNER FL 33584		US		3. Date Incorporated or Qualifer	RITE IN THIS SPACE
			-	12/06/1988	4
a Principal Pl	ace of Business	2a. Mailing Address		12/00/1900 4. FEI Number	Applied For
	lace of business	26		59-2919847	Not Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.	-		\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the cu	
24	25		30	Personal Property Tax.	Ves □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	Registered Agent
CHAI	DWELL, MICHAEL		81 Name		
	PLANTATION KEY CT	82 Stree		Address (P.O. Box Number is Not Accep	otable)
	NDON FL 33511		83 // 9	MIIIITOIA PIA	<u>ce</u>
DIA	NDON 1E 33311		63		
			84 City	Brandan	FL 85 Zin Code 7/0
		2 and 607 1609 Florida Statutor	the above-named	corporation submits this statement for th	e ournose of changing its registered
				corporation addition the attachment for the	and the appointment on conjectored
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corpo	oration's board of directors. I hereby acc	apt the appointment as registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by the corpo	pration's board of directors. I hereby acc	ept the appointment as registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Flori	thorized by the corpo da Statutes.	pration's board of directors. I hereby acc	DATE DATE
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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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)