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

Mailing Address P.O. BOX 2605

PORT CHARLOTTE FL 33949

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

PORT CHARLOTTE FL 33949

1009 CAZENOVIA



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L08841 1. Corporation Name

ROCKWELL HOMES OF VENICE, INC.

3. Date Incorporated or Qualifed 08/10/1989 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0140144 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TIMOTHY J. FARHAT Street Address (P.O. Box Number is Not Acceptable) 82 1365 FARGO ST. PORT CHARLOTTE FL 33949 83 Zip Code 85 84 City 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 (NOTE, Registered Agent signature requ Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE FARHAT, TIMOTHY J 1.2 NAME NAME 1365 FARGO ST. 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 DD E 5.2 NAME

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 addyss, with all effect the empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

G OFFICER OR DIRECTOR

DELETE

941-627-2123

Change

Addition

FILED Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90253 005 ***317.50

DO NOT WRITE IN THIS SPACE