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May 10, 1999 8:00 am
Secretary of State

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0070201

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L52771

1. Corporation Name
OLYMPIA HOMES, INC.



Principal Place of Business
 222 S WESTMONTE DR., #210
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address
 222 S WESTMONTE DR., #210
 ALTAMONTE SPRINGS FL 32714
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2933 W. SR 434
 Suite, Apt. #, etc.
 22 Suite 131
 City, State
 23 Lanswood, FL
 Zip Country
 24 32779 25 Seminole

2a. Mailing Address
 26 P.O. Box 160845
 Suite, Apt. #, etc.
 27
 City & State
 28 Altamonte Springs
 Zip Country
 29 32716-0845 30 Seminole

3. Date Incorporated or Qualified
02/19/1990

4. FEI Number
59-3001215 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
GRAHAM, JESSIE
369 N NEW YORK AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME PD
 STREET ADDRESS KANTOR, JOSEPH
 CITY-ST-ZIP 222 S WESTMONTE DR., #210
 ALTAMONTE SPRINGS FL 32714

TITLE DELETE
 NAME VD
 STREET ADDRESS MERDINGER, STEVE
 CITY-ST-ZIP 222 S WESTMONTE DR., #210
 ALTAMONTE SPRINGS FL 32714

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 2933 W SR 434, Suite 131
 1.4 CITY-ST-ZIP Lanswood, FL 32779

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 2933 W SR 434, Suite 131
 2.4 CITY-ST-ZIP Lanswood, FL 32779

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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: Joseph Kantor Date plcs. 407 682-6940
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/198)