

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73575 (7)

1. Corporation Name

OLIVIA HOMES CORP.

Principal Place of Business

Mailing Address

C/O JOSHUA A. MUSS
11781 LEE JACKSON MEMORIAL HWY. STE 320
FAIRFAX VA 22033

C/O JOSHUA A. MUSS
11781 LEE JACKSON MEMORIAL HWY. STE 320
FAIRFAX VA 22033



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

MUSS JOSHUA A
8311 BOB-O-LINK DR
W PALM BCH FL 33412

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/17/1990

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0200643

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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 officer 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, if not applicable,

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MUSS, JOSHUA A.
STREET ADDRESS 8311 BOB-O-LINK DR
CITY-STATE-ZIP W PALM BCH FL

☐ DELETE

TITLE ST
NAME DENNEN, MARVIN
STREET ADDRESS 11781 LEE JACKSON MEM HWY
CITY-STATE-ZIP FAIRFAX VA

☐ DELETE

TITLE VP
NAME ISAKSON, ROBERT
STREET ADDRESS 8000 IRONSHORE BLVD
CITY-STATE-ZIP W PALM BCH FL

☐ DELETE

TITLE VP
NAME ADAMS, VINCENT F.
STREET ADDRESS 8357 DAMASCUS DR.
CITY-STATE-ZIP PALM BEACH GARDENS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Ch. Board
1.2 NAME Muss, Joshua A.
1.3 STREET ADDRESS 8311 Bob-O-Link Drive
1.4 CITY-STATE-ZIP West Palm Beach, FL 33412

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE President
4.2 NAME Adams, Vincent F.
4.3 STREET ADDRESS 8357 Damascus Drive
4.4 CITY-STATE-ZIP Palm Beach Gardens, FL

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged or with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marvin L. Dennen, Secretary/Treasurer

3/26/96 703-591-1881

Date

Daytime Phone

CR2E034 (12/95)