FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$ PROFIT Jan 27 1998 8:00am FLORIDA DEPARTMEN STATE CORPORATION Sandra B. Mo ANNUAL REPORT Secretary of \$ Secretary of State DIVISION OF CORPORONS 1998 DOCUMENT #
1. Corporation Name (0)L87726 HUNTINGTON BUILDERS, INC. Principal Place of Business Mailing Address 15650 ENSTROM ROAD 15650 ENSTROM ROAD WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1990 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0204679 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intangible Zip Contry $Z_{\rm ID}$ Country Yes Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHEFAN, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) 15650 ENSTROM ROAD **WELLINGTON FL 33414** Zip Code on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered 11. Pursuant to the pro-office or registered agent. I am familiar is 607.0502 and 607.1508, Florida Statutos, the become the corporation's the State of Florida. Such change was authorized by the corporation's the obligations of, Section 607.0505, Florida States. STEDHEN E CHERD SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. Addition CHEFAN, STOPAEN F. DELETE TITLE 1,2 VME CHEFAN, STEPHEN, JR. 15650 Existem RD. NAME 6773 BOCA PINES TRAIL, SUITE E 1.3 REET ADDRESS STREET ADDRESS **BOCA RATON FL** 1,4TY-ST-ZIP City - ST- ZIP ☐ Change Addition DELETE 2.1TLE TITLE 2.2AME 2.STREET ADDRESS STREET ADDRESS 2. \$1TY - \$T - ZIP CITY-ST-ZIP Change ___ Addition DELETE 3 TLE TITLE 3, AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE ITLE TITLE AME NAME TREET ADDRESS STREET ADDRESS MY-ST-ZIP CITY-ST-ZIP Addition DELETE TLE TITLE AMF NAME TREET ADDRESS STREET ADDRESS ITY - ST - ZIP CITY-ST-ZIP Change TLE DELETE TITLE AME NAME TREET ADDRESS STREET ADDRESS ITY - ST - ZIP emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the indicated on this annual report or supplemental actual report is true and accurate officer or director of the corporation of the receiver or trustee empowered to exercise the corporation of the annual report is true and accurate officer or director of the corporation of the receiver or trustee empowered to exercise the corporation of the annual report is true and accurate the receiver of the corporation of

SIGNATURE: