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

PROFIT CORPORATION ANNUAL REPORT

1998

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

97-98AR

FILED
98 SEP 25 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L90-708

1. Corporation Name

Hand Made Homes, Inc.

Principal Place of Business

Mailing Address

6483 Royal Palm Bch Blvd.
West Palm Bch, FL 33412
W98000022043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6483 Royal Palm Bch Blvd
Suite, Apt. #, etc.
22
City & State
23 West Palm Bch, FL.
Zip
24 33412
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
July 1990

4. FEI Number
65-0247946
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Jamie Hand
6483 Royal Palm Bch Blvd.
West Palm Bch, FL. 33412

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: JAMIE HAND Jamie Hand DATE: 9/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRES. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
12 NAME	Jamie Hand	12 NAME	300002653523----4
13 STREET ADDRESS	1752 C ROAD	13 STREET ADDRESS	-10/01/98--01062--001
14 CITY-ST-ZIP	Loxahatchee, FL. 33470	14 CITY-ST-ZIP	****150.00 ☐ ****150.00
21 TITLE	Vice Pres. ☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME	Larstin Hand	22 NAME	300002653523----1
23 STREET ADDRESS	1752 C ROAD	23 STREET ADDRESS	-10/01/98--01062--002
24 CITY-ST-ZIP	Loxahatchee, FL. 33470	24 CITY-ST-ZIP	****165.00 ☐ ****165.00
31 TITLE	☐ DELETE	31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (10/97)

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 report or supplemental requirement 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 asterisk.

SIGNATURE: Jamie Hand 561-795-6959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Telephone Number

9/30