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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

FILED
Apr 06 1998 8:00am
Secretary of State
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DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)SUNWEST HOMES, INC. Principal Place of Business Mailing Address 7561 CORODOBA CIR PO BOX 8412 NAPLES FL 33941-5412 NAPLES FL 23941-5412 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/30/1990 2. Principal Place of Business 2. Mailing Address FEI Number Applied For 26 65:0221194 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation owes or has paid the current year Intangible <u> 34</u> 24 Yes □ No 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PAYNE, JOHN W. 7561 CORDOBA CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33042- 34109 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE PAYNE, JOHN W. NAME 1.2 NAME **7561 CORDOBA CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME SCHEINHOLZ, IVY 2.2 NAME STREET ADDRESS 7822 COCO BAY CT 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 City-St-7iP DELETE Change Addition TITLE 3.1 TITLE SCHEINHOLZ, ARTHUR NAME 3.2 NAME 7822 COCO BAY CT STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 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 projectors.

SIGNATURE:

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