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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05014 PHC, INC.
1. Corporation Name
Prudential Homes Corporation

555820 - 90074 - 37

May 17, 1999 8:00 am Secretary of State 05-17-1999 90074 037 \*\*\*150.00

Principal Place of Business Mailing Ad	ddress	Va	Dure				
200 Summit Lake Drive 200	Summit la	re	F7/10C				
Valhalla, N. Y. 10395 1/a/h	alla, NY	103	595	DO NOT	WRITE IN THI	S SPACE	
Tax Dept. Tax	Depti			3. Date Incorporated or Qua	ifed 5		
Principal Place of Business     2a. Mailing				4. FEI Number	014		Applied For
21 26	<del> </del>			13-28168	87		Not Applicable
Suite, Apt. #, etc. Suite, .	Apt. #, etc.			5. Certifcate of Status Desire	ed 🗌	•	5 Additional Required
City & State City &	State			6. Election Campaign Finance	cing 🗀		<b>00</b> May Be
Zip         Country         Zip		ountry		Trust Fund Contribution			ed to Fees
24 25 29	30	Ountry		This corporation owes the Personal Property Tax.	current year ir	ntangible Yes	□No
9. Name and Address of Current Registered A				10. Name and Address of N	lew Registered		
		81	Name				-
he France That Corporation	V	82	Ctroot Addres	on (D.O. Boy Number in Not An	anntahla\		
1201 HOUS 37		62	Street Addres	ss (P.O. Box Number is Not Ac	серіавіе)		
The Prentice-Hall Corporation 1201 Hoys St. Tallahassee, FL 32301		83		· ····			
(allaryassae, 12		84	City			85 Z	ip Code
		Щ.			Fl		
<ol><li>Pursuant to the provisions of Sections 607.0502 and 607.1508</li></ol>	n change was authorize	above- ed by th	named corpoi he corporation	ration submits this statement to n's board of directors. I hereby a	r the purpose of accept the appo	t changing intment as	registered
office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section	n 607.0505, Florida Sta						
office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE		atutes.					
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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 repeiver 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 apraddress, with all other like empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR