

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

FILED
Feb 12 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P17013 (4)
 1. Corporation Name
FLORIDA DESIGN COMMUNITIES, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------|---|--|
| Principal Place of Business | | Mailing Address | |
| 2020 CLUBHOUSE DR PO BOX 5698 SUN CITY CENTER FL 33573 US | | 2020 CLUBHOUSE DR PO BOX 5698 SUN CITY CENTER FL 33573 US | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number |
| 21 | 26 | 12/02/1987 | 59-2857021 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | Applied For / Not Applicable |
| 22 | 27 | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | 25 | 29 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | |
| 12/02/1987 | |
| 4. FEI Number | Applied For / Not Applicable |
| 59-2857021 | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

FLINN, MILTON G.
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HOFFMAN, ALFRED, JR. | |
| STREET ADDRESS | 1602 W. TIMBERLANE DR. | |
| CITY-ST-ZIP | PLANT CITY FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | FLINN, MILTON G | |
| STREET ADDRESS | 2020 CLUBHOUSE DR. | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ACKERMAN, DON E. | |
| STREET ADDRESS | 630 FIFTH AVE. STE 3200 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PETER, E. LESLIE | |
| STREET ADDRESS | 710 OAKFIELD DR. STE 220 | |
| CITY-ST-ZIP | BRANDON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-6-98 634-3311

CR2E034 (10/97)