Mailing Address

31731 NORTHWESTERN HWY.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P19408

1. Corporation Name

Principal Place of Business

31731 NORTHWESTERN HWY.

BEZTAK HOMES, INC.

May 11, 1999 8:00 am Secretary of State
05-11-1999 90024 042 ***150.00

FILED

STE. 250W FARMINGTON HILLS MI 48334				STE. 250W FARMINGTON HILLS MI 48334					DO NOT WRITE IN THIS SPACE				
US			US						3. Date Incorporated or Qualifed 05/27/1988				
2. Principal Place of Business				2a. Mailing Address					4.	. FEI Number		pplied For	
21				26						38-2807619		lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Cortifonto of Statue Decired		Additional	
22				27				_				Required	
City & State				City & State					6.			May Be	
23				28						Trust Fund Contribution		to Fees	
Zip		Country	⊢			Country	лу 8 .			. This corporation owes the current year Intangit Personal Property Tax		XNo	
24	25		29		30	L			10	r diselian repair) ram		ZQ[NO	
-	Address of Current R	egis	stered Agent	81	Name		10.	. Name and Address of New Registered Ager	<u> </u>				
LUPT	AK, PAOLA M					[INGILI						
	CORPORATE E	RIVD NW				82	Stree	t Addres	s (P	P.O. Box Number is Not Acceptable)		ļ	
STE 240							<u> </u>						
	A RATON FL 33	3431				83							
	A INTOIT E O	,,,,,				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													
O O O O O O O O O O O O O O O O O O O	Signature, typed or print	ted name of registered agent an			: Reg		nt signatur	e required w		reinstating) DATE		000 01 40	
12.	OFFICERS AND DIRECTORS 13.									ADDITIONS/CHANGES TO OFFICERS AND DI	Change		
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14. I hereby certify that the information supplied with this filling 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 with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR