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

**PROFIT CORPORATION** ANNUAL REPORT

HOMESTEAD HOMES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000008146 (1)

**SIGNATURE:** 

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place		Mailing Address		
2401 MANATEE AVENUE WEST BRADENTON FL 34205  BRADENTON FL 34205				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				01/29/1993
	Place of Business	2a. Mailing Address	1 & 6	4. FEI Number Applied For
	of bylt Dh		ylf f	0 R 65-0444389 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	emes Brach Fl	City & State  28 KOLNES	BEACH 1	8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees
Zip 24 343	Country 25	29 3 42 17 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	g. Name and Address of Current		°'	10. Name and Address of New Registered Agent
GU	LASH, EDWARD J		81 Name	)
OLO MANAGER AND MEDICAL MEDICA				1 Address (P.O. Box Number is Not Acceptable)
BRADENTON FL 34205			62 Street	t Address (P.O. Box Number is Not Acceptable)
<b></b>			83	
			84 City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above-named	d corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida Such change was aut	horized by the cor	rporation's board of directors. I hereby accept the appointment as registered
=	m lammar with, and accopy the ornigat	ions or, occion our lossos, i lone	da Otalolos.	
SIGNATURE	Signature, typed or printed name of registered agnist	and title if applicable (NOTE. R	Registered Agent signatur	re required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	GULASH, EDWARD		1.2 NAME	
STREET ADDRESS	7906 17TH AVENUE WEST	1	1.3 STREET ADDRESS	HOLMES REACH FC 34217
CFTY-ST-ZIP	BRADENTON FL 34205		1.4 CITY+ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAWITZ, PAULA		2.2 NAME	
STREET ADDRESS	612 51ST STREET, NW	1	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	DELETE	2. 4 CITY-ST-ZIP	
TITLE		☐ VELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
TITLE NAME	: 		4.1 TITLE 4.2 NAME	L. J Change L. J Addition
STREET ADDRESS	1	1	4.3 STREET ADDRESS	<b>\</b>
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS	1		5.3 STREET ADDRESS	<b>\</b>
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADORESS	
CITY-ST-ZIP	l		6.4 CITY-ST-ZIP	
14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	he exemption state	led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or o	on this annual report or supplemental director of the corporation or the receiv or Block 13 if changed, or on an attach	ver or trustee empowered to exe	ate and that my sig scute this report as	gnature shall have the same legal effect as if made under oath; that I am an is required by Chapter 607, Florida Statutes; and that my name appears in