

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90012 001 \*\*\*558.76

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000009160

Corporation Name  
**MASTERPIECE HOMES OF NAPLES, INC.**



Principal Place of Business 51 PINE RIDGE RD SUITE 101 NAPLES FL 34109	Mailing Address 1951 PINE RIDGE RD SUITE 101 NAPLES FL 34109 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5051 CASTELLO DR.</b>	2a. Mailing Address <b>5051 Castello Dr</b>
Suite, Apt. #, etc. <b>#204</b>	Suite, Apt. #, etc. <b>#204</b>
City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>
Zip <b>34103</b>	Country <b>US</b>

3. Date Incorporated or Qualified <b>02/05/1993</b>	
4. FEI Number <b>65-0391808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WAHBEY, ALBERT K**  
**555 BOWLINE DR.**  
**NAPLES FL 34103**

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

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: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE P WAHBEY, ALBERT K. 2634 TAMiami TRAIL EAST NAPLES FL	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION P WAHBEY, Albert K 555 BOWLINE DR NAPLES FL 34103		
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION		
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION		
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION		
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION		
<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION		

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: Albert K Wahbey Date: Sept. 3, 1999 Daytime Phone #: 941-263-6776

CR2E034 (5/99)