

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90098 029 \*\*\*158.75

0584854

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P93000014422**

1. Corporation Name  
**REGAL HOMES, INC.**

Principal Place of Business

**900 SE 5TH AVE  
SUITE 205  
DANIA FL 33004  
US**

Mailing Address

**482 SW POINT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34953  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/25/1993**

4. FEI Number

**59-3177964**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

**21 900 SE 5th AVE**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 DANIA, FL**

City & State

**28**

Zip

**24 33004**

Country

**25 US**

Zip

**29 34953**

Country

**30**

9. Name and Address of Current Registered Agent

**PETRUZZELLI, PHILIP  
482 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 33020**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE D  
NAME PETRUZZELLI, PHILIP G  
STREET ADDRESS 482 SW PORT ST. LUCIE BLVD.  
CITY-ST-ZIP PT. ST. LUCIE FL 33453**

☐ DELETE

**TITLE D  
NAME HOFFMAN, SHELDON H  
STREET ADDRESS 2131 HOLLYWOOD BLVD., SUITE 205  
CITY-ST-ZIP HOLLYWOOD FL 33020**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

**PHILIP PETRUZZELLI**  
PRESIDENT

**1-12-99**

**561-879-0421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)