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

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P93000019006

AMENDED

1. Corporation Name
SUMMERPARK HOMES, INC.

[redacted]

Principal Place of Business	Mailing Address
279 CHISWELL PL LAKE MARY FL 32746 US	279 CHISWELL PLACE LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
03/09/1993

4. FEI Number
59-3166992
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DI MILLO, LOUIE
279 CHISWELL PLACE
LAKE MARY FL 32746

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 (Required. Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		[ ] DELETE
NAME	DIMILLO, LOUIS		
STREET ADDRESS	279 CHISWELL PLACE		
CITY-ST-ZIP	HEATHROW FL 32746		
TITLE			[ ] DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[ ] DELETE
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[ ] DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11 TITLE	President	[X] Change	[ ] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	Vice-President	[ ] Change	[X] Addition
22 NAME	DiMillo, Carol		
23 STREET ADDRESS	279 Chiswell Place		
24 CITY-ST-ZIP	Heathrow, FL 32746		
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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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: Louie DiMillo, 4-23-99 (407) 333-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #