FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:55

DOCUMENT # **P93000034261 (6)**

1. Corporation Name
STRYKER HOMES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
4931 NE 29 AVE LIGHTHOUSE PT FL 33064 US	4931 NE 29 AVE LIGHTHOUSE PT FL 33064 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7433 N.E. 8th TERRACE	26 7433 N.E. 8th TERRACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON FLORIDA	28 City & State: BOCA RATON FLORIDA
24 Zip: 33487 25 Country: U.S.	29 Zip: 33487 30 Country: U.S.

4. FEI Number: 65-0495798 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIPNIS, ALAN 1 FINANCIAL PLAZA STE 2308 FT LAUDERDALE FL 33394	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	COLSON, EDWARD SR.	1.2 NAME	Delete
STREET ADDRESS	2422 TIMBER CREEK CIRCLE N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	S ☒ Change ☐ Addition
NAME	COLSON, EDWARD JR.	2.2 NAME	
STREET ADDRESS	2422 TIMBER CREEK CIRCLE N.W.	2.3 STREET ADDRESS	4931 N.E. 29th AVENUE
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE		3.1 TITLE	P ☐ Change ☒ Addition
NAME		3.2 NAME	THOMAS A VOGEL
STREET ADDRESS		3.3 STREET ADDRESS	334 N.E. 3rd COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33432
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas A Vogel 3/6/95 407-997-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas A. Vogel

01C0217 CP