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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY - \$1 - 78

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000038094 (7)

PUDER HOMES AT WESTCHESTER, INC.

Principal Piace of Business Mailing Address 7200 WEST CAMINO REAL 7200 WEST CAMINO REAL SUITE 104 SUITE 104 **BOCA RATON FL 33433** BOCA RATON FL 33433-5511 3a. Date of Last Report 3. Date Incorporated or Qualified 05/26/1993 04/19/1996 4. FEI Number Principal Place of Business Mailing Address Applied For 2a. 65-0422110 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Ζip This corporation has liability for intangible tax under s. 199.032, Ζıρ Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name 81 PUDER, MICHAEL 7200 W CAMINO REAL Street Address (P.O. Box Number is Not Acceptable) **STE 104** 83 **BOCA RATON FL 33433** Zip Code 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the Sylvin of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in Sylvingations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent, or both agent. I am familiar with, and acq SIGNATURE Signature, typed gistered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DPST □ DELETE Change Addition 1.1 TITLE TiftE PUDER, MICHAEL 1.2 NAME NAME 7200 WEST CAMINO REAL, STE. 104 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CHTY-ST-ZIF Addition □ DELETE 2.1 TITLE Change TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-7IP Addition DELETE Change 31 TITLE TIBLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE DILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - 7iP DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY S1-ZIF Addition Change TITLE DELETE 6.1 TITLE 6.2 NAME NAM? STREET ADDRESS **6.3 STREET ADORESS** 6.4 CITY - ST - 2IP

14. I do hereby certify that the information supplied with this ling 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 supplied 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 occover 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 charged or the corporation or the occover of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CARM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Puder 4/7/97 561-362-4/11