

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>( CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000038301 (6)

1. Corporation Name

STEVEN ANTHONY HOMES, INC.

Principal Place of Business

4495-D S.W. 35TH ST.  
ORLANDO FL 32811

Mailing Address

4495-D S.W. 35TH ST.  
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

4. FEI Number

59-3184591

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

|                         |                         |
|-------------------------|-------------------------|
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State        | 27. City & State        |
| 23. Zip                 | 28. Zip                 |
| 24. Country             | 29. Country             |

9. Name and Address of Current Registered Agent

SPADE, STEVEN E  
4495-D S.W. 35TH ST.  
ORLANDO FL 32811

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

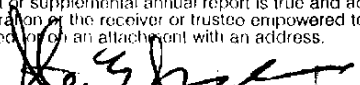
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |                                 |                     |   |
|-----------------|--------------------------|---------------------------------|---------------------|---|
| TITLE           | D                        | <input type="checkbox"/> DELETE | 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | SPADE, STEVEN E          |                                 | 1.2 NAME            |   |
| STREET ADDRESS  | 4291 TWILIGHT TR.        |                                 | 1.3 STREET ADDRESS  |   |
| CITY - ST - ZIP | KISSIMMEE FL             |                                 | 1.4 CITY - ST - ZIP |   |
| TITLE           | D                        | <input type="checkbox"/> DELETE | 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | RUSSO, THOMAS J          |                                 | 2.2 NAME            |   |
| STREET ADDRESS  | 2807 GLADEVILLE WAY      |                                 | 2.3 STREET ADDRESS  |   |
| CITY - ST - ZIP | VIENNA VA 22180          |                                 | 2.4 CITY - ST - ZIP |   |
| TITLE           | D                        | <input type="checkbox"/> DELETE | 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | PELANO, GERALD D         |                                 | 3.2 NAME            |   |
| STREET ADDRESS  | 11206 ROBERT CARTER RD.  |                                 | 3.3 STREET ADDRESS  |   |
| CITY - ST - ZIP | FAIRFAX STATION VA 22039 |                                 | 3.4 CITY - ST - ZIP |   |
| TITLE           |                          | <input type="checkbox"/> DELETE | 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                          |                                 | 4.2 NAME            |   |
| STREET ADDRESS  |                          |                                 | 4.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                          |                                 | 4.4 CITY - ST - ZIP |   |
| TITLE           |                          | <input type="checkbox"/> DELETE | 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                          |                                 | 5.2 NAME            |   |
| STREET ADDRESS  |                          |                                 | 5.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                          |                                 | 5.4 CITY - ST - ZIP |   |
| TITLE           |                          | <input type="checkbox"/> DELETE | 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                          |                                 | 6.2 NAME            |   |
| STREET ADDRESS  |                          |                                 | 6.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |                          |                                 | 6.4 CITY - ST - ZIP |   |

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.

SIGNATURE



4-27-98 4495-D S.W. 35TH ST.

CR2E034 (10/97)