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## 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

	1999		DIVISION OF C	CORPORAT	IONS	99 FEB 11 PM	<b>4: 12</b>	
DOCUMENT # P93000043333  1. Corporation Name SCHOLAR HOMES, INC.						SECRETARY OF S TALLAHASSEE, FI		
Principal Place of Business Mailing Address						f issuicet in tend like point contraction to the contraction of the co		
2221 LEE RD 2221 LEE RD								
STE 24 STE 24								
Winter Park US	FL 32/09		WINTER PARK FL 32789 US			DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	
		•••				06/18/1993		
2. Principal Place of Business 2a. Mail			Mailing Address			4. FEI Number	Applied For	
21		26	26			59-3190885	Not Applicable	
Suite, Apt.	#, etc	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27				5. Certificate of Status Desired [ ]	Fee Required	
City & Stat	te	City & S				6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Country	6. This corporation by the current year mitangine				
24	25   29   3 9. Name and Address of Current Registered Agent		30		Personal Property Tax	[] Yes []No		
<u> </u>	y, Name and Address	or Current Registered Ag	ent	81	Name	10. Name and Address of New Registered	Agent	
PRATT, JAMES R ESQ.								
	HAM,CLARK,JONES,BUI			82	Street	treet Address (P.O. Box Number is Not Acceptable)		
369 NORTH NEW YORK AVENUE, 3RD FLOOR							· · · · · · · · · · · · · · · · · · ·	
WINTER PARK FL 32789					City		85 Zip Code	
						FIFI	<b>└</b>	
11. Pursuant office or r	to the provisions of Sections	s 607.0502 and 607.1508, the State of Florida, Such	Florida Statute	s, the above thorized by	e-named the corno	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the apport	of changing its registered	
agent. I a	m familiar with, and accept t	the obligations of, Section	607.0505, Flori	ida Statutes				
SIGNATURE	Signature Board or printed name of re	Mintered arout and title if annie akie	(NOTE: I	Projets d Ages	( a.a va r	edured when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE  12. OFFICERS AND DIRECTORS				Registered Agent agreature required when recirculating)  [MTE]  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD		DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · ·		[] Change	
NAME	LUBIN, LAWRENCE			1.2 NAME	Ì			
STREET ADDRESS	2221 LEE RD, STE 24			13 STREET	ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 3278			1.4 C(TY-S)	-ZIP			
1IIILE	VD		DELETE	21 TITLE	1	VDS	Pd Change ☐ Addition	
NAME	SILVER, SHOEL			2 2 NAME		SHOEL SILVER		
STREET ADDRESS	2221 LEE RD, STE 24 WINTER PARK FL 3278	en.		23 STREET	- 1	2221 LEE RD., STE. 24		
CITY-ST-ZIP TITUE	D		DELETE	2 4 CITY-S 3.1 T(TLE	1-ZIP	WINTER PARK, FL 32789	[] Change [] Addition	
NAME	COOPER, BERNARD	·		3.2 NAME	}			
STREET ADDRESS	2221 LEE RD, STE 24			33 STREET	ADORESS	30000277` -02/16/99	72331	
CITY-ST-ZIP	WINTER PARK FL 3278	89		34. CITY-S	F- <b>2</b> 1₽		-01081014	
TITLE	7		DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change JAddition	
NAME	FISHER, MATTHEW K			4 2 NAME				
STREET ADDRESS	2221 LEE RD, STE 24	••		43 STREET	- 1			
CITY-ST-ZIP	WINTER PARK FL 3278		I DECES	4.4 CHY-ST	ZIP		F101	
TITLE			DELETE	5 1 TITLE 5 2 NAME	ĺ		Change Addition	
NAME expect approase				53 STREET	ADORESS			
STREET ADDRESS CITY-ST-ZIP				54 City-St	i i		_	
TITLE			DELETE	6 1 TITLE			[ ] Change Adultion	
NAME				6 2 NAME			160,00	
STREET ADDRESS				6.3 STREET	ADDRESS		- 21/1.	

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 truestee 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.

OR ENNED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

JW.27/9

(407) 645 ~ 1256