## 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 # P93000047443

1, Corporation Name

JULY HOMES, INC.

Principal Place of Business

Ç

Mailing Address

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90007 016 \*\*\*150.00



401 UNIVERSITY DR 1401 UNIVERSITY DR UITE 200 SUITE 200 ORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 07/07/1993			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21	26		1	65-0425475	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4.0	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		untry		8. This corporation owes the current year Inta-	ngible X Yes □No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARK GRANT C/O RUDEN BARNETT		81	Name				
200 E BROWARD BOULEVARD			Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33302		83	3				
		84	City	FL	85 Zip Code		
11 Pursuant to the provisions of Sections 607.0502	and 607,1508. Florida Statutes, the a	bove-	-named corpora	ation submits this statement for the purpose of c	hanging 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		Desistand Apart planeture required ad	hon coinclating)	DATE						
	Signature, typed or printed name or registered agent and use in oppositions. (INCLE registered Agent of October 1997)									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		Addition					
TITLE	PD DELETE	. 1.1 TiTLE		Change						
NAME	EZRATTI, ITZHAK	1.2 NAME			,					
STREET ADORESS	1401 UNIVERSITY DR 200	1.3 STREET ADDRESS			}					
CITY-ST-ZIP	CORAL SPGS FL	1.4 ÇITY-ST-ZIP								
TITLÉ	VS DELETE	2.1 TITLE	•	Change	☐ Addition					
NAME	FANT, ALAN	2.2 NAME								
STREET ADDRESS	1401 UNIVERSITY DR #200	2.3 STREET ADORESS			ł					
CITY-ST-ZIP ~	CORAL SPGS FL	2.4 CITY-ST-ZIP								
TITLE	VT □ DELETE	3.1 TMLE		Change	Addition					
NAME	COSTELLO, RICHARD A	3.2 NAME			}					
STREET ADDRESS	1401 UNIVERSITY DR #200	3.3 STREET ADDRESS			ſ					
CITY-ST-ZIP	CORAL SPGS FL.	3.4. CITY-ST-ZIP								
πιε	V □ DELETE	4.1 TITLE		Change	☐ Addition					
NAME	NORWALK, RICHARD M	4. 2 NAME			1					
STREET ADORESS	1401 UNIVERSITY DR #200	4.3 STREET ADDRESS								
CITY-ST-ZIP	CORAL SPGS FL	4.4 CITY-ST-ZIP								
TITLE	S □ DELETE	5.1 TITLE		Change	Addition					
NAME	EZRATTI, MOSHE	5.2 NAME			ì					
STREET ADDRESS	1401 UNIVERSITY DR #200	5.3 STREET ADDRESS								
CITY-ST-ZIP	CORAL SPGS FL	5.4 CITY+ST+ZIP								
TITLE	☐ DELETE	6.1 TITLE		Change	Addition					
NAME		6.2 NAME								
STREET ADDRESS	•	6.3 STREET ADDRESS			ĺ					
CITY-ST-73P		6.4 CITY-ST-ZIP								

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 AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/99

954-753-1730