PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000049002

1. Corporation Name

UNITED INTERNATIONAL HOMES, INC.

Principal Place of Business				Mailing Address					, , , , , , , , , , , , , , , , , , , ,					
14163 - 102 AVENUE NORTH			11	110 HANNOVER DRIVE										
LARGO FL 34644				B201					DO NOT MIDITE IN THIS SPACE					
US				ST. CATHARINES, ONTARIO L2W 1-A US					DO NOT WRITE IN THIS SPACE					
			U	•				3.	Date Incorporated or Qualifed 07/05/1993					
2. Principal Place of Business			2a	2a. Mailing Address				4.	FEI Number				ied For	
21				26			_ _	NOT APPLICABLE				Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5	Certifcate of Status Desired				ditional	
22			27	27							Fe	e Req	uired	
City & State			\perp	City & State				6.	Election Campaign Financing				ay Be	
23			28					Trust Fund Contribution Added to Fees						
Zip	_	Country	\perp	Zip	_ Cou	ntry		8.	This corporation owes the current	nt year Inta		_	۱	
24	25		29		0				Personal Property Tax.		☐ Yes	Ļ]No	
	9. Name and	d Address of Curren	t Regi	stered Agent				10.	Name and Address of New Re	gistered /	Agent			
ecu	NEIDED CUID					81	Name							
SCHNEIDER, CHIP				82 Street Add				dress (P.O. Box Number is Not Acceptable)						
14163 - 102 AVENUE NORTH								<u> </u>						
LARGO FL 34644						83							ļ	
						84	City				85	Zip Co	de	
]	•			FL		•		
11. Pursuant	to the provisions	of Sections 607.050	2 and 6	607.1508, Florida Statutes	, the a	bove	-named corp	poration	submits this statement for the p	urpose of	hangin	g its re	gistered	
office or r	egistered agent, m familiar with a	or both, in the State	of Flori	ida. Such change was aut f. Section 607.0505. Florid	horized ta Stati	i by t utes.	the corporati	ion's bo	pard of directors. I hereby accept	tne appoir	ument a	s regi	stered	
	······································	doodp: tile belige		., 233.01. 337.13333, 7.13.13										
SIGNATURE	Signature, typed or pr	inted name of registered age	nt and trie	a if applicable. (NOTE: F	Registered	Agent	t signature requin	ed when r	einstating)	DATE				
12.		OFFICERS AN	ID DIR	ECTORS	13.			-	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRE	CTOR	S IN 12	
TITLE	Р			☐ DELETE	1,1 7	ΠLE					☐ Cha	nge	☐ Addition	
NAME	PARTRIDGE,	WALLACE C			1.2 N	WE								
STREET ADDRESS	110 HANNO	VER DRIVE, B201			1.3 \$7	REET	ADDRESS						[
C/TY-ST-ZIP	ST CATHAR													
TITLE		ines, ontario			1.4 CI	TY-ST	1-ZIP							
	VPD	ines, ontario		☐ DELETE	1.4 CI 2.1 TI	TY-ST	1-ZIP				Cha	nge	☐ Addition	
ļ.	VPD			☐ DELETE		TLE	1-ZIP				☐ Cha	nge	Addition	
NAME	VPD ZAHORCHAK	K, ROBERT A		☐ OELETE	2.1 TI 2.2 N/	TLE VME					Cha	nge	Addition	
NAME STREET ADDRESS	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.		□ DELETE	2.1 TT 2.2 N/ 2.3 S1	ile We Reet	ADORESS				☐ Cha	nge	Addition	
NAME STREET ADDRESS - CITY-ST-ZIP	VPD ZAHORCHAK	K, ROBERT A EW BLVD.		☐ DELETE	2.1 TI 2.2 N/ 2.3 S1 -2:4 C	TLE VME PREET					☐ Cha		Addition Addition	
NAME STREET ADDRESS - CITY-ST-ZIP TITLE	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.			2.1 TI 2.2 N/ 2.3 S1 	ile Me Reet Ity-Si Ile	ADORESS							
NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.			2.1 TT 2.2 N/ 2.3 S1 	TLE TREET TY-ST TLE	ADORESS T-ZIP							
NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.			2.1 TT 2.2 NV 2.3 S1 -1 -2:4 C 3.1 TT 3.2 NV 3.3 S1	TLE TREET TY-ST TLE TREET TREET	ADORESS T-ZIP							
NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.		☐ DELETE	2.1 TT 2.2 N/ 2.3 S1 - 2:4 C 3.1 TT 3.2 N/ 3.3 S1 3.4. C	TLE TREET TLE TREET TREET TY-ST	ADORESS T-ZIP				Cha	nge	Addition	
NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.			2.1 TT 2.2 No 2.3 S1 2:4 C 3.1 TT 3.2 No 3.3 S1 3.4. C 4.1 TT	TLE TREET TLE TREET TREET TY-ST	ADORESS T-ZIP					nge		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.		☐ DELETE	2.1 TT 2.2 N/ 2.3 S1 	TLE TREET TLE TREET TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP				Cha	nge	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAHORCHAK 109 RIVERVII	K, ROBERT A EW BLVD.		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST	TLE WE TREET TLE WE TTY-ST TLE AME TREET TLE TTY-ST TLE TTY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP				☐ Cha	nge nge	Addition	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE FICER OR DIRECTOR

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90158 040 ***150.00