

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

FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P93000073224 (6)

1. Corporation Name

PUDER HOMES AT MISSION BAY, INC.

Principal Place of Business

7200 WEST CAMINO REAL  
SUITE 104  
BOCA RATON FL 33433

Mailing Address

7200 WEST CAMINO REAL  
SUITE 104  
BOCA RATON FL 33433

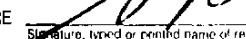
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7978 Laina Lane	26 710 Puder
22 Suite, Apt. #, etc. #3	27 8419 Twin Lake Dr.
23 City & State Boynton Beach, FL	28 Boca Raton, FL
24 Zip 33437 Country USA	29 Zip 33496 Country USA

3. Date Incorporated or Qualified	10/21/1993
4. FEI Number	65-0447005 65-0455192
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PUDER, MICHAEL 7200 W CAMINO REAL STE 104 BOCA RATON FL 33433	81 Name Michael Puder 82 Street Address (P.O. Box Number is Not Acceptable) 8419 Twin Lake Dr. 83 84 City Boca Raton FL 85 Zip Code 33496

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  DATE 4/20/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DPT <input type="checkbox"/> DELETE	1.1 TITLE DPTVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUDER, MICHAEL	1.2 NAME Michael Puder
STREET ADDRESS 7200 W. CAMINO REAL, SUITE 104	1.3 STREET ADDRESS 8419 Twin Lake Dr.
CITY-ST-ZIP BOCA RATON FL 33433	1.4 CITY-ST-ZIP Boca Raton, FL 33496
TITLE V <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, GARY	2.2 NAME
STREET ADDRESS 7200 W. CAMINO REAL, SUITE 104	2.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433	2.4 CITY-ST-ZIP
TITLE S <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOLLER, CYNTHIA	3.2 NAME
STREET ADDRESS 7200 W. CAMINO REAL, SUITE 104	3.3 STREET ADDRESS
CITY-ST-ZIP BOCA RATON FL 33433	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 recorder 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 in an attachment with an address.

SIGNATURE: 

4/20/98 (561)477-0404

CR2E034 (10/97)