

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

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

02-05-1999 90007 046 \*\*\*150.00

DOCUMENT # P93000082121  
Corporation Name  
MOAYER HOMES, INC.



Principal Place of Business  
WICKHAM RD.  
MELBOURNE FL 32935  
Mailing Address  
700 N WICKHAM RD.  
#207  
MELBOURNE FL 32935  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
580 N. WICKHAM RD.  
Suite, Apt. #, etc.  
A  
City & State  
MELBOURNE, FL  
Country  
32935  
25 Brevard  
26 580 N. WICKHAM RD  
27 A  
28 MELBOURNE, FL  
29 32935  
30 Brevard

3. Date Incorporated or Qualified  
11/22/1993  
4. FEI Number  
59-3213630  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax.  
Yes No

9. Name and Address of Current Registered Agent  
MOAYER, FRANK  
700 N. WICKHAM RD  
SUITE 207  
MELBOURNE FL 32935

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

I, the undersigned, being a resident of the State of Florida, in compliance with 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	PD MOAYER, FRANK 700 N WICKHAM RD., SUITE 207 MELBOURNE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ADDRESS	VSTD MOAYER, THEA 700 N WICKHAM RD, SUITE 207 MELBOURNE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		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: Frank Moayer 1/15/99 757-9392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)