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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000085072 (5)

IDEAL HOMES REAL ESTATE, INC.

Principal Place of Business

Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



Prencipal Mace	3 OF DUSTRIESS	IVI	alling Address						
NAPLES FL 341	GOLF COURSE BLVD 10	NA	90 IMPERIAL GOLF C IPLES FL 34110-1071	OURSE BLVD					
US			US			3, Date Incorporated or Qualified 01/01/1994		e of Last Report 7/1996	
	ace of Business		Mailing Address			4. FEI Number			Applied For
21 975	IMPERIAL GC BL	<b>/2)</b> 26	925 IMP	FRIAL	se Bul	65-0458657			Not Applicable
Suite, Apit	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	•	5 Additional Regulred
City & State			City & State			6. Election Campaign Financing		\$5.0	00 May Be
23 NAR		28	NARES	, H		Trust Fund Contribution			ed to Fees
Zip 24 34110		29	341/0	Count 30	US		] Yes [	No	er s. 199.032,
	9. Name and Address of Curr	ent Regis	itered Agent			10. Name and Address of New Re	egistered /	Agent	
NEW	man, robert l			8	1 Name				
1829 PRINCESS COURT NAPLES FL 33942				62		Street Address (P.O. Box Number is Not Acceptable)			
	<del>-</del>			B	3				
				la la	4 City			RS 2	ip Code
				ľ		poration submits this statement for the	FL		7411o
SIGNATURE	m familiar with, and accept the obling and specified and of registered and of regist	igent and tile	d applicable (I			uired when re-instating)	DATE		
12.	OFFICERS A	ND DIRE		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	CERS AND		
Ti1L€	D		DELETE	1.1 TITLE				L Chan	ge Addition
NAME	NEWMAN, ROBERT L			1.2 NAM					
STREET ADDRESS	1829 PRINCESS COURT				ET ADDRESS				
CITY-ST-ZIP	NAPLES FL		DE ETC		-\$1-ZIP			1125	an I taken
THLE			DELETE	2.1 TITLE				L. Chan	ge Addition
NAME				2.2 NAM	Į.	4.	, i		
STREET ADDRESS					ET ADDRESS	- 1			
CITY - ST - ZIP			DELETE	2.4 CITY 31 TITLE	(-ST-ZIP			Chan	ge Addition
NAME			CH PECEL	3.2 NAM	Į.	<i>*</i> .	i,		g- pag-1999(0)
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP					r-ST-ZIP				
TITLE			DELETE	4.1 TITU				Chan	ge 🔲 Addition
NAME				4. 2 NAN	IE .				
STREET ADDRESS				4.3 STRE	ET ADDRESS				
C-TY+ST-ZIP				4. <u>4 City</u>	-ST-ZIP				
THLE			DELETE	5.1 TITLE				Chan	ge Addition
NAMÉ				5.2 NAM	E				
STREET ADDRESS				53 STRE	ET ADDRESS				
CITY-ST-7IP		,		5.4 City	-ST-ZIP				
THU			☐ DELETE	61 TITLI	ľ			Chan	ge 🔲 Addition
NAME				6.2 NAM	E				
STREET ADDRESS				6.3 STRE	ET ADDRESS				
CITY-ST-ZIP				6.4 CITY	-ST-ZIP				

14. I do 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.

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AAR 26, 1997 (941)594 2283