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Secretary of State

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## 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 # P93000085558

1. Corporation Name

HOMES BY TAPIO, INC.

| Principal Place of Business                         | Mailing Address                                      |        |  |   |            |                            |
|---|--|--------|--|---|------------|----------------------------|
| 4992 WAVERLY WOODS TER<br>LAKE WORTH FL 33463<br>US | 4992 WAVERLY WOODS TERR<br>LAKE WORTH FL 33463<br>US |        |  | DO NOT WRITE IN TH  | IIS SPAC   | E                          |
|   | •  |        |  | 3. Date Incorporated or Qualifed                                  |            | _                          |
|   |  |        |  | 12/08/1993  |            |                            |
| 2. Principal Place of Business                      | 2a. Mailing Address                                  |        |  | 4. FEI Number   |            | Applied For                |
| 21  | 26   |        |  | 65-0468136  |            | Not Applicable             |
| Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.                                  |        |  | 5. Certificate of Status Desired                                  |            | .75 Additional ee Required |
| City & State  | City & State   |        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees                                    |            |                            |
| Zip Country   | Zip  | ountry |  | This corporation owes the current year     Personal Property Tax. | Intangible |                            |
| 24) 25)<br>9. Name and Address of Cui               |  | $\neg$ |  | 10. Name and Address of New Registere                             |            |                            |
|   | rent Registered Agent                                | 81     | Name   | 10. Halle and Address of New Augustion                            | o rigoni   |                            |
| TAPIO, MICHAEL<br>4992 WAVERLY WOODS TERRAC         | 82 Street  |        | Street Addre   | ddress (P.O. Box Number is Not Acceptable)                        |            |                            |
| LAKE WORTH FL 33463                                 |  | 83     |  |   |            |                            |
|   |  | 84     | City   |   | 85         | Zip Code                   |

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.

APR 20, 1999 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE PRES TITLE PD TAPIO MECHAEL 1.2 NAME NAME TAPIO, ROY 4992 WAVERLY WOODS TERR STREET ADDRESS 2532 SUNDOWN LANE 1.3 STREET ADDRESS LAKE WORTH LANTANA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE STD 2.1 TITLE NAME TAPIO, SHIRLEY 2.2 NAME 4992 WAVERLY WOODS TERR 2532 SUNDOWN LANE 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP L'ANTANA FL 2 4 CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE TITLE TAPIO, KEVIN 3.2 NAME NAME 9508 NE ISCTH ST 3.3 STREET ADDRESS 14711 NE 160TH AVE STREET ADDRESS BATTLE GROOND WA. **BRUSH PRAIRIE WA** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 4.1 TITLE VP TITLE TAPIO ROY NAME TAPIO. MICHAEL 4 2 NAME 4992 WAVERLY WOODS TEAR 4992 WAVERLY WOODS TERR 4.3 STREET ADDRESS STREET ADDRESS WORTH LAKE LAKE WORTH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME Tapio. David 5.3 STREET ADDRESS P.O. BOX 462 STREET ADDRESS 54 CITY-ST-ZIP **BATTLEGROUND WA** CITY-ST-ZIP 6.1 TITLE ☐ Addition □ DELETE TITLE 6.2 NAME NAME TORNI, SANDRA 6.3 STREET ADDRESS 733 PABST ST STREET ADDRESS 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 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 opan attachment with an address, with all other like empowered.

IRONWOOD MI

SIGNATURE AND PRIED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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