


02241999-90200-037-\$150.00-\$150.00

4/12/00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  <b>99 MAR 19 AM 9:14</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P94000001549</b> 1. Corporation Name <b>COMMUNITIES OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business		Mailing Address			
5481 NORTH S.R. 7 TAMARAC FL 33319		5481 NORTH S.R. 7 TAMARAC FL 33319			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0456014	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
8. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BYRD, THOMAS E 524 S. ANDREWS AVE. SUITE 200N FT. LAUDERDALE FL 33301			81 Name		
			82 Street Address (P.O. Box Number Is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANADOS, FELIX		1.2 NAME	FELIX GRANADOS, JR	
STREET ADDRESS	5481 NORTH S.R. 7		1.3 STREET ADDRESS	5481 N. STATE ROAD 7	
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY-ST-ZIP	TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	SD	
NAME			2.2 NAME	CARLOS A. GRANADOS	
STREET ADDRESS			2.3 STREET ADDRESS	5481 N. STATE ROAD 7	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	TAMARAC, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	TD	
NAME			3.2 NAME	ROBERTO GRANADOS	
STREET ADDRESS			3.3 STREET ADDRESS	5481 N. STATE ROAD 7	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	TAMARAC, FL 33319	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
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 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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)