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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400001995

1. Corporation Name

HOWNANIAN AT COCONIT COEFY INC

| 10.11  | JVNANIAN AT COCONUT C   | illi, iiio  |  |   |                          |  |                                       |                                 |                                     |
|--|---|---|--|---|--------------------------|--|---------------------------------------|---------------------------------|-------------------------------------|
| Principal  | Place of Business   | Mailing Address   |  |   |                          | \$ ( <b>00</b> )( <b>00</b> ) (( <b>0</b> )0(3) <b>0</b> (0) <b>80</b> (1) ( | inin manu andus                       |                                 | 10101 0111 (001                     |
| 1800 SOUTH AUSTRALIAN AVENUE 1800 SOUTH AUSTRALIAN   |   |   | AVENUE   |   |                          |  |                                       |                                 |                                     |
| STE, 400 STE 400   |   |   |  |   |                          |  |                                       |                                 |                                     |
| WEST PALM BEACH FL 33409 WEST PALM BEACH FL  |   |   | 3409   |   |                          | DO NOT WRITE IN THIS SPACE   |                                       |                                 |                                     |
|  |   |   |  |   |                          | 3. Date Incorporated or Qualifed   | t .                                   |                                 |                                     |
|  |   |   |  |   |                          | 01/10/1994   |                                       |                                 |                                     |
| 2. Princip   | al Place of Business  | 2a. Mailing Address   | •  |   |                          | 4. FEI Number  |                                       | <u> </u>                        | plied For                           |
| 21   |   | 26 ·  |  |   |                          | 22-3275859   |                                       |                                 | t Applicable                        |
| Suite,   | Apt. #, etc.  | Suite, Apt. #, etc.   |  |   |                          | 5. Certificate of Status Desired   |                                       | \$8.75                          |                                     |
| 22   | <u>.                                      </u>  | 27  |  |   |                          |  |                                       | Fee Re                          |                                     |
| City &   | State   | City & State  |  |   |                          | 6. Election Campaign Financing   |                                       | \$5.00                          | •                                   |
| 23   | <u>·</u>  | 28  |  |   |                          | Trust Fund Contribution  |                                       | Added t                         | o rees                              |
| Zip  | Country   | Zip   | Count  | гу  |                          | 8. This corporation owes the cu  | rrent year in                         | tangible<br>□Yes                | □No                                 |
| 24   | 25  |   | 30   |   | <u>.</u>                 | Personal Property Tax.   | Desistered                            |                                 | 7140                                |
|  | 9. Name and Address of Cur  | rent Registered Agent   |  | 1 Name  |                          | 10. Name and Address of New  | Registered                            | Agent                           |                                     |
|  | BRANNOCK, G S   |   | '  | Name  | 3                        |  |                                       |                                 |                                     |
| 1800 SOUTH AUSTRALIAN AVENUE   |   |   | 8  | 82 Street Address (P.O. Box Number is Not Acceptable)   |                          |  |                                       |                                 |                                     |
|  | STE. 400  | JE .  |  |   |                          | ·  |                                       |                                 |                                     |
|  | WEST PALM BEACH FL 33409  |   | ۱  | 13  |                          |  |                                       | •                               | ļ                                   |
|  | WEST FALM DEACH FL 33409  |   | 8  | 34 City   |                          | • •  |                                       | 85 Zip (                        | Code                                |
|  | ·   |   |  |   |                          |  | FL                                    |                                 |                                     |
| 11. Purs   | uant to the provisions of Sections 607.0<br>or registered agent, or both, in the Sta  | 0502 and 607.1508, Florida Statute  | s, the about the start of the s | ove-name  | d corpor                 | ation submits this statement for th  | e purpose of<br>ent the appo          | t changing its<br>intment as re | registered<br>gistered              |
| agen   | t. I am familiar with, and accept the obl   | igations of, Section 607.0505, Flori  | ida Statut   | es.   | poration                 | a sound or amount or the sound of  | · · · · · · · · · · · · · · · · · · · |                                 |                                     |
|  |   |   |  |   |                          |  |                                       |                                 |                                     |
| SIGNAT   | Signature, typed or printed name of registered  | agent and title if applicable. (NOTE:   | Registered A   | gent signatur   | e required v             | when retristating)   | DATE                                  |                                 |                                     |
| 12.  | Signature, typed or printed name of registered  | agent and title if applicable. (NOTE: AND DIRECTORS   | Registered A   | gent signatur   | e required v             | when reinstating) ADDITIONS/CHANGES TO O                                     |                                       |                                 |                                     |
|  | Signature, typed or printed name of registered  | -9 , , , , , , , , , , , , , , , , ,  |  |   | P                        | ADDITIONS/CHANGES TO O   |                                       | ND DIRECTO                      | DRS IN 12                           |
| 12.  | Signature, typed or printed name of registered OFFICERS   | AND DIRECTORS   | 13   | E   | P                        | ADDITIONS/CHANGES TO O   | FFICERS A                             | X Change                        |                                     |
| 12.  | Signature, typed or printed name of registered OFFICERS P HOTALING, KARL R  | AND DIRECTORS  X DELETE   | 13.<br>1.1 TITLE<br>1.2 NAM  | E   | P                        | ADDITIONS/CHANGES TO O   | FFICERS A                             | X Change                        |                                     |
| 12. TITLE NAME STREET ADD  | Signature, typed or printed name of registered OFFICERS  P HOTALING, KARL R 1800 S AUSTRALIAN AVE, 1  | AND DIRECTORS  X DELETE   | 13-<br>1.1 TITLE<br>1.2 NAM<br>1.3 STRE  | Ē<br>E  | P<br>Jon<br>s 180        | ADDITIONS/CHANGES TO O   | re, #40                               | X Change                        | Addition                            |
| 12.<br>TITLE   | Signature, typed or printed name of registered OFFICERS  P HOTALING, KARL R 1800 S AUSTRALIAN AVE, 1  | AND DIRECTORS  X DELETE   | 13-<br>1.1 TITLE<br>1.2 NAM<br>1.3 STRE  | E<br>E<br>EET ADDRES<br>'-ST-ZIP  | P<br>Jon<br>s 180        | ADDITIONS/CHANGES TO O<br>Rapaport<br>O S. Australian Av                     | re, #40                               | X Change                        |                                     |
| 12. TITLE NAME STREET ADD  | Signature, typed or printed name of registered OFFICERS  P HOTALING, KARL R 1800 S AUSTRALIAN AVE, 9 WEST PALM BEACH FL D   | AND DIRECTORS  X DELETE   | 13.<br>1.1 TITLE<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY  | E<br>E<br>EET ADDRES<br>'-ST-ZIP<br>E   | P<br>Jon<br>s 180        | ADDITIONS/CHANGES TO O<br>Rapaport<br>O S. Australian Av                     | re, #40                               | X Change                        | Addition                            |
| 12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME   | Signature, typed or printed name of registered OFFICERS P HOTALING; KARL R 1800 S AUSTRALIAN AVE, S WEST PALM BEACH FL D HOVNANIAN, ARA K   | AND DIRECTORS  X DELETE  #400   | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM  | E<br>E<br>EET ADDRES<br>'-ST-ZIP<br>E   | P<br>Jon<br>s 180<br>Wes | ADDITIONS/CHANGES TO O<br>Rapaport<br>O S. Australian Av                     | re, #40                               | X Change                        | Addition                            |
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| 12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP  | Signature, typed or printed name of registered OFFICERS  P HOTALING; KARL R 1800 S AUSTRALIAN AVE, S WEST PALM BEACH FL D HOVNANIAN, ARA K 61 WHIPPORWILL VALLEY S ATLANTIC HIGHLANDS NJ D  | #400  DELETE  ROAD  | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY  | E EET ADDRES '-ST-ZIP E EET ADDRES (-ST-ZIP EET ADDRES  | P<br>Jon<br>s 180<br>Wes | ADDITIONS/CHANGES TO O<br>Rapaport<br>O S. Australian Av                     | re, #40                               | Change  Change                  | Addition                            |
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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 like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

227-PELICAN-ROAD-

MIDDLETOWN NJ -

561-478-0060