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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000009531 (2)

NOUVELLE MAISON BUILDERS, INC.								
							T (ROSTOR) DER ERDE BEGER AGDEL ROSTE BODE BODE BODE BODE BODE	
Principal Plac	e of Business	Mailing A	Address	:	••••			
15201 NORFL		•	16057 TAMPA PALMS BLVD WEST					
TAMPA FL 33			SUITE # 231					
US		TAMPA FL 33647					DO NOT WRITE IN THIS SPACE	_
		US					3. Date Incorporated or Qualified	٦
							02/07/1994	ł
2. Principal P	Place of Business	2a. Mailin	ng Address	Ŀ			4. FEI Number Applied For	٦
21		26					<b>59-3223665</b> Not Applicable	9
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional	٦
22		27	1				5. Certificate of States Desired Fee Required	_ļ
City & Stat	e	City &	City & State				6. Election Campaign Financing \$5.00 May Be	٦
23		28	28				Trust Fund Contribution	
Zip	Country	Zip		Cou	ntry		8. This corporation owes or has paid the current year Intangible	٦
24	25	29		30			Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	<ol><li>Name and Address of Current</li></ol>	it Registered A	Agent				10. Name and Address of New Registered Agent	⊒
YE	ARY, STEVEN M				81	Name		
16057 TAMPA PALMS W., #231				-	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	-
	MPA FL 33647				اء"	Street Addit	less (F.O. Box Number is Not Acceptable)	١
				F	83			ヿ
				Ļ	_			ᅵ
					84	City	FL 85 Zip Code	- [
11 Pursuant to the provisions of Sections 807 0502 and 607 1508 Florida Statutes, the ab					OVe	-named corp		ᅥ
office or r	egistered agent, or both, in the State	of Florida, Suc	h change was	authorized	by	the corporati	poration submits this statement for the purpose of changing its registerection's board of directors. I hereby accept the appointment as registered	į
agent. La	im tamiliar with, and accept the obliga	ations of, Section	on 607.0505, Fig	orida Stati	utes	i.		ĺ
SIGNATURE	Signature, typed or printed name of registered age		NI- MICT	E. Continued	A		red when reinstaling) DATE	-
12.	OFFICERS AN			13.	Ayo	i it signature requiri	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅱ
TITLE	PST	3 31112010110	☐ DELETE	1.1 TIT	l F	1	Change Addition	7
NAME	YEARY, STEVEN M		_	1.2 NA				-
	5100 BURCHETTE RD., 1903			1				1
STREET ADDRESS						ADDRESS		1
CITY-ST-ZIP	TAMPA FL 33647			1.4 CiT		I - ZIP		_
TITLE			DELETE	2,1 TIT	LE		L Change L Addition	1
NAME				2.2 NA	ME			
STREET ADDRESS				2.3 STF	REET	ADDRESS		1
CITY-ST-ZIP				2. 4 CI	TY-S	iT-ZiP		1
TITLE	***************************************		DELETE	3.1 TIT			☐ Change ☐ Addition	1
NAME				3.2 NA	ME			
STREET ADDRESS				3.3.STE	RET	ADDRESS		1
CITY-ST-ZIP				3.4. CI				-
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TIT.		1-215	Change Addition	7
							Oliange Addition	1
NAME				4.2 NA				-
STREET ADDRESS						ADDRESS		}
CITY - ST - ZIP			1	4.4 CIT		T- ZIP	[m]	4
TITLE			DELETE	5.1 TITI	LE		Change Addition	
NAME				5.2 NAI	ME			
STREET ADDRESS				5.3 STF	REET	ADDRESS		1
CITY - ST - ZIP				5.4 CM	Y-ST	r-ZIP		
TITLE			DELETE	6.1 TIT			☐ Change ☐ Addition	7
NAME				6.2 NA	ME	1	. —	-
STREET ADDRESS				1		ADDRESS		
OHNECH MUEMEGG				0.0 017	1551/	บากแสงง โ		- 1

14. Thereby 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

ILLGE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

613-977- 8898