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

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90004 004 ***300.00

DOCUMENT #	P94000032645
4 Companies Name	1 0 100000000

WELCOME HOMES USA, INC.

Principal Place	of Business		Mailing Address								
1106 W OAK ST	T		1106 W OAK ST								
STE 2			KISSIMMEE FL 34741					DO NOT W	RITE IN TH S	CDACE	
KISSIMMEE FL	34741		US				2 5-1-1-			SFACE	
US							1 '	ncorporated or Qualife	ea		j
			1					3/1994			
2. Principal Pl	ace of Business		2a. Mailing Address				4. FEI Nu			<u> </u>	pp ied For
21			26			<u>59-32</u>				ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifo	5. Certificate of Status Desired \$8.75 Ac ditional Fee Required				
22			27						Fee K	equirea	
City & S ate			City & State			6. Electio	6. Election Campaign Financing \$5.00 May Be				
23			28				Trust F	und Contribution		Added	to Fees
Zip	Count	ry	Zip	Count			8. This co	rporation owes the o	urrent year Int		
24	25		29	30			Persor	al Property Tax.		Yes	[]No
	9. Name and Add	ess of Current	Registered Agent				10. Name	and Address of Nev	v Registere d	Agent	
		-			81	Name					
MCC	ORMACK ANNE-MA	RIE			00		Address (D.O. Bo)	Number is Not Appe	estable)		
1106	W OAK STREET				82	Street	Address (P.O. 60)	Number is Not Acce	plable)		
	IMMEE FL 34741				83						
					84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Se-	ctions 607.0502	and 607.1508, Florida St	atules, the	above	-named	ccrporation submi	is this statement for t	he purpose of	changing its	s registered
l office cri	edistered agent, or bo-	h in the State o	f Fiorida. Such change wa	is authorize	d by	the corp	oration's board of	rirectors. I hereby ac	cept the appoi	intment as re	∍g⊧stered
agent. ⊧a	m familiar with, and ac	cept the obligati	ons of, Section 607.0505,	Fiorida Sta	tutes						ļ
SIGNATUFE				D7 - F	4 4	Lavanahira	required when reinstating)		DATE		
	Signature, typed or printed na	OFFICERS AND		13		Signature		ONS/CHANGES TO		ND DIRECTO	OF:S IN 12
12.	D	OFFICERS AND	DELETE		TITLE				<u></u>	Change	
TITLE	-	TAAF D E C	A second								
NAME	HELLEMANS, GUS				AME						
STREET ADDRESS		5521 (1):050011 (10) 2.1			ADDRESS						
CITY-ST-ZIP					1.4 CITY-ST-ZIP					DD (0)	
TITLE	VP		☐ DELETE	2.1	TITLE		Presideo	ナ		Change	Addition
NAME	MCCORMACK, AN	INE-MARIE		2.21	NAME						
STREET ADDRESS	1859 KINGS POIN	t B lvd		2.3 STRE		ADDRESS	s				1
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NAME				3.2	VAME						
STREET ADDRESS						ADDRESS					
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NAME					4. 2 NAME						
STREET ADDRESS						ADDRESS	'				ļ
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i			☐ DELETE	5.2	NAME	ADDRESS	ì				
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NAME STREET ADDRESS			☐ DELETE	5.21 5.33 5.41	NAME STREET					Change	
NAME STREET ADDRESS CITY-ST-ZIP				5.2 5.3 5.4 6.1	NAME STREET CITY-S						

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(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:

CITY-ST-ZIP