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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000038707** 1. Corporation Name

DISTINGUISHED HOMES, INC.

Principal Plac	ce of Business .	Mailing Address			-	811 88 111 88 111 89 111 99	igo (11 0) (5 0) (60)	
11924 W FOR	EST HILL BLVD	11924 WEST FOREST HILL	BLVD					
22248 22248								
WELLINGTON FL 33414 WELLINGTON FL 33414				DO N	OT WRITE IN TH	IIS SPACE		
US		US			3. Date Incorporated or	Qualifed		
					05/23/1994	•		
	Place of Business	2a. Mailing Address			4. FEI Number	•	Ap	plied For
21	#	26			65-0505889	•		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status D	esired	•	Additional
City & State		City & State					equired	
— , ·	ile	City & State			6. Election Campaign Fi	·	\$5.00	
23 Zip	Country	28	Countr		Trust Fund Contribution		Added t	to Fees
24	25		30	,	8. This corporation owes Personal Property Tax	-	Intangible Yes	□No
27	9. Name and Address of Curren		30		10. Name and Address	<u> </u>	-	
		·	81	Name	10, 1141110 4114 11441000 1			
JOH	INSON, JENNY E		_		<u> </u>	·		
119	24 W FOREST HILL BLVD		82	Street Addre	ess (P.O. Box Number is Not	(Acceptable)		
STE	22248		83			3 44 1 72 5 15 15	14 (14 (14))	600.78.33
WEL	LLINGTON FL 33414					ar Sama		
			84	City		F	85 Zip (Code 1
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the abov	 re-named como	ration submits this statemen			registered
	10 110 010101010 01 00010110 007.1000					it for the purpose	or oridinging to	109/5/01/00
office or i	registered agent, or both, in the State	of Florida. Such change was au	thorized by	the corporation	n's board of directors. I here	by accept the app	ointment as re	gistered
office or i agent. I a	am familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporation	n's board of directors. I here	by accept the app	ointment as re	gistered
office or i	am familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by ida Statutes	the corporations.	n's board of directors. I here		oointment as re	gistered .
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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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90085 031 ***150.00