## 5-1-98 B- 6180 -C. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sundra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P9400( HOMES, INC.	0057023 (1)	)						
Principal Place of Business Mailing Address						-{	i dabil abile di	)	
13591 MCGREGOR BLVD.  SUITE 21  FORT MYERS FL 33919  13591 MCGREGOR BLVD.  SUITE 21  FORT MYERS FL 33919  FORT MYERS FL 33919						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address						07/29/1994 4. FEI Number	1.7	pplied For	
<del></del> -	AMA	26 SA M.E				65-0521105	<del>, , , , , , , , , , , , , , , , , , , </del>	ot Applicable	
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
27						b. Cerimoate of Status Desired	Fee R	equired	
City & State	•	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees		
Zip	<b>b</b> ' <b>b</b> '			intry		8. This corporation owes or has paid the cur			
4	9. Name and Address of Curren	1 Booletered Apont	30	_		Personal Property Tax due June 30.  10. Name and Address of New Registered		_] No	
		i negisterec Agent		81	Name	(U. Name and Address of New Asylatered	Mann		
SCHUMANN, RAYMOND L							_		
13591 MCGREGOR BLVD. SUITE 21				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
FORT MYERS FL 33919				83					
Total many is decid				84	City		<b>85</b> Zip	Code	
SIGNATURE						oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing i ointment as	its registered registered	
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	d Age	ent signature require	ad when reinstaling) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
10TLE	DP DELETE			11 TITLE		ADDITIONOS VAIGES TO ON TOLLIO ALL	Change	Addition	
NAME	CARRILLO, EDWIN F		1.2 NA	1.2 NAME				:	
STREET ADDRESS 13591 MCGREGOR BLVD., STE. 21			1.3 \$1	1.3 STREET ADDRESS					
CMY-ST-ZIP				1.4 CITY-ST-ZIP					
TOLE	DV DELETE			21 TITLE			Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS	13591 MCGREGOR BLVD.,STE. 21 FORT MYERS FL 33919			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	D DELETE			2.4 CITY-ST-ZIP 3.1 TITLE			[ ] Change	Addition	
NAME	CARRILLO, CHRISTINE L			3.2 NAME					
STREET ADDRESS	13591 MCGREGOR BLVD.,STE. 21			3 3 STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33919		3,4. C	3.4. CITY+ST-ZIP					
TITLE	D DELETE		4.1 Til	4.1 TITLE			Change	Addition	
NAME	CARRILLO, NATALIE A			4. 2 NAME					
STREET ADDRESS			1	4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY+ST-ZIP 5.1 TITLE			Change	Addition	
TITLE NAME		L_ Valere	5.2 NA		ł		□ ⊓ ruran∄a	PT MONITOR	
STREET ADDRESS			<b>I</b>		ADDRESS				
CITY-ST-ZIP			5.4 CI		· · ·			İ	
TITLE		☐ DELETE	6.1 TH				Change	Addition	

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 roport or supplemental annual roport 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.

62 NAME

STREET ADDRESS

**FILED** 

May 01 1998 8:00am

Secretary of State