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PROFIT CORPORATION **ANNUAL REPORT**

- 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthim

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000057751 (7)

DUBLIN HOMES, INC. Priricipal Place of Business Mailing Address 215 HICKORY DR. 215 HICKORY DR. LONGWOOD FL 32779 LONGWOOD FL 32779 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3293369 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUGHES, NEIL C 215 HICKORY DR. **B2** Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 **B**3 84 City

11. Pursuant to the provisions of Sections 607 0502 and 602 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed nurse of tegestered agent and little if applicable (NOTE Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change TITLE 1.1 TITLE HUGHES, NEIL C NAME 1.2 NAME 215 HICKORY DR. STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE HUGHES, MARTHA A 2.2 NAME NAME 215 HICKORY DR. 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - S1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7/P

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

FILED

Feb 12 1998 8:00am

Secretary of State