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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000065374 (8)

VENTURA HOMES, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 14853 W 159TH ST 14853 W 159TH ST LOCKPORT IL 60441 LOCKPORT IL 60441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3970298 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ΠNo 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE MILFORD CORPORATION 81 1058 H DUNBAR AVE. P.O. Box Number is Not Acceptable)

RANTLEY ROAD OLDSMAR FL 34877 83 84 City ELS 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the stringations of, Section 607.0505, Florida Statutes. SIGNATURE re required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITI F DELETE 1.1 TITLE ☐ Change Addition LITTLE, ALLEN C NAME 1.2 NAME 14853 W 159TH ST STREET ADDRESS 1.3 STREET ADDRESS LOCKPORT IL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE **ALLEN C. LITTLE** NAME 22 NAME 14853 W 159TH ST STREET ADDRESS 23 STREET ADDRESS LOCKPORT IL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition LITTLE, ALAN NAME 3.2 NAME 14853 W 159TH ST STREET ADDRESS 3.3 STREET ADDRESS **LOCKPORT IL** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS 6.3 STRFET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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 change