## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS P94000071645 (3) DOCUMENT # CONNOISSEUR HOMES OF SOUTH WEST FLORIDA, INC. Principal Place of Business Mailing Address 6949 SUNNYBROOK BLVD.A 6949 SUNNYBROOK BLVD.A STE. B STE. B ENGLEWOOD FL 34224 **ENGLEWOOD FL 34224** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/29/1994 11/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0524105 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 Country Country This corporation has liability for intenglible tax under s 199.032, Florida Statutes Yes X No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOCIAS, MANUEL ESQ. 62 Street Address (F.O. Box Number is Not Acceptable 111 NORTH ORANGE AVENUE STE. 700 83 ORLANDO FL 32801 84 City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Slig where, typed or priciled name of registered agent and title if applicable. (NOTE: Flegistered Agent signature required when reinstaling) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN D DIRECTORS IN 12 TITLE DELETE 1.51000 Addition CHRISTNER, RUSSELL NAME 1.2 NAME 5260 WEST BRONSON HIGHWAY STE. 120 STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP 1.4 CHY- \$1-7IF TIFLE ["] DELETE 2 1 TITLE ☐ Change Addition GREENE, GRAHAM NAME 22 NAME NOVA BAKERS WOOD DENHAM MISSLESA STREET ADDRESS 2.3 STREET ADDRESS **ENGLAND UB947Q** CITY-ST-ZIP 2.4 CITY - \$1 - 7IP TITLE ["] DELETE 3. 1 TITLE Addition 1 Welling, Derek 5260 West Beonson Hwy, Shife 119 Welling, Derek 5260 West Browson Huy, Soik 119 NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP Kissimmee, FL 34746 Kissimmee, FC 34746 3.4 CITY-S1-ZF TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*935.00 CITY-ST-ZIP 5.4 CHTY - \$1 - 7(F) TITLE [] DELETE 6. 1 THEE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZP

14. I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier intal annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attaching with an address.

64 CITY-ST-ZIP

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

407-396 8522

CR2E034 (12/95)