FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 Feb 04 1998 8:00am STATE **PROFIT** FLORIDA DEPARTMENT CORPORATION Secretary of State Sandra B. Mozi ANNUAL REPORT Secretary of Sta 1998 DIVISION OF CORPOR DOCUMENT # P9400072986 (0) BETTER BUILT HOMES OF FLORIDA USA. INC. Principal Place of Business Mailing Address 7616 SOUTHLAND BLVD. 7616 SOUTHLAND BLVD. DO NOT WRITE IN THIS SPACE #105 ORLANDO FL 32809 ORLANDO FL 32809 3. Date Incorporated or Qualified 10/05/1994 4, FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3276471 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 100 - 411 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Zip Country Žω Cou Yes Personal Property Tax due June 30. 25 24 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LOONEY, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) SUNTRUST CENTER ST 3000 200 SOUTH ORANGE AVE ORLANDO FL 32801 34 City Zip Code ve-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 authorizedes.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State

SIGNATURE

STATE OF The State of Section 1 and Section **SIGNATURE** Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition **OPST** TITLE DELETE 1.1 1) NAME MARSAN, JEAN 1.2 N/ ET ADDRESS 2324 RUNYON CT STREET ADDRESS 1.3 \$ ST-ZIP ORLANDO FL CITY-ST-ZIP Change Addition TITLE DELETE 2.1 T NAME 22 N F1 ADDRESS STREET ADDRESS 23 S1 - \$1 - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 31 T NAME 3.2 N T ADDRESS STREET ADDRESS 3.3 S ST-ZIP CITY - ST- ZIP Change Addition TITLE DELETE 4.1 T NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP 4.4 C Change Addition TITLE DELETE 5.1 TI NAME F1 ADDRESS STREET ADDRESS 5.3 ST ST-ZIP CITY-ST-ZIP 5.4 (0) Addition ☐ Change TITLE DELETE 6.1 TIT NAME 6.2 NA ET ADDRESS STREET ADDRESS 6.3 ST 617-31-2ir
14. I hereby certify that the information supplied with this firing does not qualify for the exe indicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation of the receiver or trustee empowered to execute the Block 12 or Block 13 if changed, or on an attachment with an address. ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an s report as required by Chapter 607, Florida Statutes; and that my name appears in 01/28/98 (407) 856-1010

SIGNATURE: