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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000076180			
1. Corporation Name LEOPOLD HOMES, INC.			
Principal Place of Business 4565 NORTH OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308 US		Mailing Address P O BOX 311 LEHIGH ACRES FL 33936 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 4565 N. OCEAN DR. 27 Suite, Apt. #, etc. LAUDERDALE BY THE SEA 28 City & State FL 33308 BROWARD 29 Zip Country 30	
9. Name and Address of Current Registered Agent LEOPOLD, DANILO 302 LEE BLVD SUITE 104 LEHIGH ACRES FL 33936		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4565 N. OCEAN DR. 83 LAUDERDALE BY THE SEA 84 City FL 85 Zip Code 33308	
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, 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRJANA, LEOPOLD 904 JEFFERSON AV LEHIGH ACRES FL 33972	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D MIRJANA LEOPOLD 4565 N. OCEAN DR. LAUDERDALE BY THE SEA FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEOPOLD, DANILO 904 JEFFERSON AVENUE LEHIGH ACRES FL 33972	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D DANILO LEOPOLD 4565 N. OCEAN DR. LAUDERDALE BY THE SEA FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

DANILO LEOPOLD, DIRECTOR

03.07.99

94-7725477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)