

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084142 (6)**

1. Corporation Name

SMILEN HOMES AT CYPRESS LANDING, INC.



Principal Place of Business

**3440 S.W. 117TH AVENUE
DAVIE FL 33330**

Mailing Address

**3440 S.W. 117TH AVENUE
DAVIE FL 33330**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**SMILEN, GERALD SR.
3440 S.W. 117TH AVENUE
DAVIE FL 33330**

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
03/16/1995

4. FEI Number

65-0538667

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent or Person in Charge of the Corporation

Signature of Registered Agent or Person in Charge of the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PS
SMILEN, GERALD SR.
3440 S.W. 117TH AVENUE
DAVIE FL 33330**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: **X**

Gerald Smilen Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 954-979-3336
Daytime Phone #

CR2E034 (12/95)