Mar 04, 1999 8:00 am 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 # **P94000084512**1. Corporation Name

FLORIDA CLIALITY HOMES, INC.

| LOHIDA   | QUALITY HOMEO, INC.   |   |  |   |            |   |                      | :   |                              |
|--|---|---|--|---|------------|---|----------------------|---|------------------------------|
| Principal Place  | e of Business   | Mailing Address   |  |   |            |   | II OB!II GOII! KAIGI | JEJJI BEBOK BIRDI I   | 1010 1101 3ED1               |
| 130 S MAIN ST  |   | 130 C MAIN STREET   |  |   |            |   |                      |   |                              |
|  | N FL 34787-3556   | WINTER GARDEN FL 34787  | -3556  |   |            |   |                      |   |                              |
| US US  |   |   |  |   |            |   | VRITE IN THIS        | SPACE   |                              |
|  |   |   |  |   |            | 3. Date Incorporated or Quali               | fed                  |   |                              |
|  |   |   |  |   |            | 11/18/1994                                  |                      | <del></del>   |                              |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address   |  |   |            | 4. FEI Number                               |                      | _ <del> ``</del>  | lied For                     |
| 21   |   | 26  |  |   |            | <u>59-3282639</u>                           |                      |   | Applicable                   |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.   |  |   |            | 5. Certificate of Status Desire             | <b>.</b> .           | \$8.75 A  |                              |
| 22   |   | 27  |  |   |            |   | ~ <del> </del>       | Fee:Rec   |                              |
| City & State   | <del>-</del>  | City & State  |  |   |            | <ol><li>Election Campaign Financi</li></ol> | ng □                 | \$5.00  |                              |
| 23   |   | 28  |  |   |            | Trust Fund Contribution                     |                      | Added to  | Fees                         |
| Zip  | Country   | Zip   | Country  | у   |            | 8. This corporation owes the                | current year Int     |   |                              |
| 24   | 25  | 29  | 30   |   |            | Personal Property Tax.                      |                      |   | □No                          |
|  | 9. Name and Address of Currer   | nt Registered Agent   |  | 1   |            | 10. Name and Address of Ne                  | w Registered         | Agent   |                              |
| DICC   | 771 VASILLEANS D  |   | 81   | Name  | •          |   |                      |   |                              |
|  | OZZI, WILLIAM D   |   | 82   | Street  | t Addres   | s (P.O. Box Number is Not Acc               | eptable)             |   |                              |
|  | S MAIN STREET   |   | L  |   |            |   |                      |   |                              |
| AAIMI  | TER GARDEN FL 34787-3556  |   | 83   | 3   |            |   |                      |   |                              |
|  |   |   | 84   | City  |            |   |                      | 85 Zip C  | ode                          |
|  |   |   |  |   |            |   | FL                   | <b>.</b>   '  |                              |
| office or re   | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.   | of Florida, Such change was a   | uthonzed by  | the com   | oration'   | 's board of directors. I hereby a           | ccept the appo       | intment as reg  | istered                      |
| agent. I ar<br>SIGNATURE   |   |   |  |   | w beniupen | when reinstating)                           | DATE                 |   |                              |
| agent. I ar  | Signature, typed or printed name of registered age  |   |  |   | v beniupen | then reinstating) ADDITIONS/CHANGES TO      |                      | ND DIRECTO  |                              |
| agent. I ar<br>SIGNATURE   | Signature, typed or printed name of registered age  | int and title if applicable. (NOTE  | : Registered Age   |   | required w |   |                      | ND DIRECTO  | RS IN 12                     |
| agent. I ar SIGNATURE  12. TITLE   | Signature, typed or printed name of registered ago OFFICERS AND   | nt and title if applicable. (NOTE   | Registered Age   | ant signature   | required w |   |                      |   |                              |
| agent. I ar SIGNATURE  12. TITLE NAME  | Signature, typed or printed name of registered age OFFICERS AND PIGOZZI, WILLIAM D  | nt and title if applicable. (NOTE ND DIRECTORS DELETE                         | 13. 1.1 TITLE 1.2 NAME   | ent signature   |            |   |                      |   |                              |
| agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered age OFFICERS AND D PIGOZZI, WILLIAM D 388 CYPRESS LANDING DRIVI  | nt and title if applicable. (NOTE ND DIRECTORS DELETE                         | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE  | ent signature   |            |   |                      |   |                              |
| agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AND D PIGOZZI, WILLIAM D 388 CYPRESS LANDING DRIVI LONGWOOD FL 32779-2603   | Int and title if applicable. (NOTE ND DIRECTORS DELETE                        | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE  | ent signature   |            |   |                      |   |                              |
| agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registered age OFFICERS AND D PIGOZZI, WILLIAM D 388 CYPRESS LANDING DRIVI LONGWOOD FL 32779-2603 D   | nt and title if applicable. (NOTE ND DIRECTORS DELETE                         | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE   | ent signature<br>ET ADORESS<br>ST- ZIP  |            |   |                      | ☐ Change  | Addition                     |
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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 or nan attackment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP