## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9500005143 (9)

MASTE	RCRAFT POOLS, INC.			T PARTICULAR SOURCE CONTRACTOR CO	BINI AGAH GUNAN GULAN HADII OHAGA MINI 1861
Principal Plac	ce of Business	Mailing Address	······································		
·	DE-LEON BLVD.	2121 PONCE DE LEON BLV	'n		
STE-1005	UC LEUN SLTS.	STE 1005	♥.		
-CORAL GABLE	E <del>G FL 20124 -</del>	CORAL GABLES FL 33134-5	218		
				3. Date Incorporated or Qualified	
A Dalasiani	Diagonal Duckson	2a. Mailing Address		01/18/1995	05/01/1996
	Place of Business College Parkway		Dardman	4. FEI Number 65-0569574	Applied For
Suite, Apt		26 9311 College Suite, Apt. #, etc.	rankway	00/0009374	Not Applicable
22 Suite		27 Suite 1		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required
City & Sta		City & State	······································	e Sheetin Connector Financia	
	yers, Florida	<b></b>	El and da	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>ID</sub> Pyers,	Florida Country	This corporation has liability for	
24 33919	25 USA	L I	JO USA		Yes No
-1	g. Name and Address of Currer		30,0011	10. Name and Address of New F	
· KOTO	386 REGISTERED AGENT CORP	OPATION	81 Name		
	H BRICKELL AVENUE		Truxto	n. Gregg S. Iress (P.O. Box Number is Not Accept	
	ITE-700		82 Street Add	Press (P.O. Box Number is Not Accept Ponce De Leon Blvd.	able)
	MI FL-33131-		83		
mir	WHTL-00101-		Suite	600	
			84 City	Gables	85 Zip Code
		007.4500.5	Corai	Gaptes	FL   33134
office or	to the provisions of Sections 607,050 registered agent, or both, in the State	iz and 607.1508, Florida Statute: of Florida, Such change was at	s, the above-named corp athorized by the corpora	poration submits this statement for the ition's board of directors. I hereby acc	e purpose or changing its registered ept the appointment as registered
agent F	am familiar with and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	poration submits this statement for the ation's board of directors. I hereby acc	122/62
SIGNATURE	(متلعد >	Temps -			9/23/7/
	5 gnature, typed by printed name of registered ago		Registered Agent signature requ		DATE
12.	DPC UFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE		[_] Offers	1.1 TITLE		
NAME	BUIGAS, OJ		1.2 NAME		
STREET ADDRESS	9311 COLLEGE PKWY STE 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELÉTE	2.1 TITLE		☐ Change ☐ Addition
NAME	WAITE, ROBERT		2.2 NAME		
STREET ADDRESS	9311 COLLEGE PKWY STE 1		2.3 STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS FL 33919		2.4 CITY-ST-ZIP		
TIILF	EV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAUM, HOWARD		3.2 NAME		
STREET ADDRESS	9311 COLLEGE PKWY STE 1		3.3 STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS FL 33919		3.4. CITY-ST-ZIP	•	
TITLE	V	X) DELETE	4.1 TITLE V	<u> </u>	Change K Addition
NAME	SCHWANTES, JOSEPH C	<del></del>	4.2 NAME P	earson, Michelle	
STREET ADDRESS	TARK BOLLEGE BLOOK BEE			311 College Parkway,	Suite 1
	FT. MYERS FL 33919		- I TO	t. Myers, FL 33919	ा व्यक्तिकारण स्थापना । स्थापन
CITY - S1 - ZIP TITLE	V V	DELETE	4.4 CITY-ST-ZIP ' F	,,,	Change Addition
NAME					
	1 -				
	MILLER, ROBERT	<u></u>	5.2 NAME		hand willings seems visit and
STREET ADDRESS	MILLER, ROBERT				hand Villings Quant Villings

14. I do 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 repuired 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NORTH, R.J.

9311 COLLEGE PKWY STE 1

FT. MYERS FL 33919

TILLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DELETE

(941) 433-2323

Change

Addition

Daytime Phone

**FILED** 

May 02 1997 8:00am

Secretary of State

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PROFIT
GORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S76334 (9)  MASTERCRAFT HOMES, INC.													
Principal Place of Business 2121 PONCE DE LEON BLVD. THE 1885 / CORAL SABLES FL 33134			Mailing Address 2 <del>121 PONCE DE LEON SLVD</del> . <del>STE 1635</del> <del>OORAL OABLES FL 30134 5218</del>										
										<ol> <li>Date Incorporated or Qualified 08/27/1991</li> </ol>		ate of Last Re <b>/01/1996</b>	eport
	Principal Pla			H	Mailing Address		•			4. FEI Number 65-0280401			plied For
21	Suite, Apt. #		e Parkway	26	9311 Colleg Suite, Apt. #, etc.	ge Pa	rkw	ay				\$8.75 A	t Applicable
22	Suite		·	27	Suite 1	,		<del></del>		5. Certificate of Status Desired		Fee Re	quired
23	City & State		Florida	28	City & State  Ft. Myers.	Flor	44.			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
	Zip	<u> </u>	Country		Zip		ountry			8. This corporation has liability fo			
24	33919		25 USA	29	33919	30 U	SA_		<del> </del>	1	Yes		
<u> </u>			and Address of Current I	Regis	tered Agent	<del></del>	81	Name		10. Name and Address of New F	registered	Agent	
			iegg s esq De Leon Blvd.							(5.6.5)	<del>-, , ,</del>	<del> </del>	
		1035	OL LEON BEND.				82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
CORAL GABLES FL 33134							63	Sui	te	600			
							84				FL	85 Zip (	Code
1.	I. Pyrsuani t	o the provi	sions of Sections 607.0502	and 6	07.1508, Florida Stati	utes, the	abov	e-named	corpo	ration submits this statement for the		of changing its	s registered
	agent. Lar	n familiar v	gent, or both, in the State of vith, and accept the obligati	ons o	f. Section 607.0505, F	Florida S	tatute	y trie cort S.	,xorano	vation submits this statement for the on's board of directors. I hereby acc	ebrue abi	pointment as	registered
S	IGNATURE ;	Clar then been	d or printed name of registered agent	and title	d andicable (NC	TF: Bagiet	ered An	ani pianelus	requirer	d when reinstating)	DATE		
12		enginanie, type	OFFICERS AND			1:		ern Bigriatura	Teganeo	ADDITIONS/CHANGES TO OFF		D DIRECTOR	S IN 12
11	îL#	CPD			DELETE	1.1	TITLE					Change	Addition
N/	MM€	BUIGAS				1.3	2 NAME						
	REET ADDRESS		OLLEGE PKWY. STE 1 RS FL 33919					T ADDRESS					
	TY-S1-ZIF	VST	NO FL 33918		DELETE		4 CITY - 9 1 TITLE	ST-ZIP	<del> </del>	······································	<del></del>	Change	Addition
	AME	_	ROBERT		□ otten		2 NAME					CHAIR OF THE SEC	
	REET ADORESS		OLLEGE PKWY. STE 1					T ADDRESS					
1	1Y-S1-ZIP	FT MYE	RS FL 33919			1	4 CITY -		54	**			
Ţ)	TLF	EVT			☐ DELETE	3.	1 TITLE		127			2 Change	Addition
N#	AME.		HOWARD			3:	2 NAME						
1	REET ADDRESS		OLLEGE PKWY. STE 1					T ADDRESS					
	TY - ST - ZIP	TIMIC V	RS FL 33919		X DELETE		4. CITY- 1 TITLE	ST-ZIP	177			Change	K Addition
1	AME	SCHWA	NTES, JOSEPH		(A) Deterior		2 NAME	: :	T.A.	skowitz, Doug		Lad Ondrigo	
	REET ADDRESS		OLLEGE PKWY. STE 1					T ADDRESS	93	11 College Parkway,	Suite	<u> </u>	
	TY - ST - ZIP		RS FL 33919				4 CITY-		Ft	. Myers. Florida 3	3919		
	rl £	V			X DELETE		1 TITLE		V			Change	<b>X</b> Addition
	NME .	INGE, S				- 4	2 NAME			ittain, Paul	~ .	_	
	REE1 ADDRESS		OLLEGE PKWY. STE 1 RS FL 33919			- 1		T ADDRESS		ll College Parkway,		<b>1</b>	
	TY-SI-ZIP ILE	V	NO CL OUT IT		DELETE		4 CITY-! 1 TITLE	SI-ZIP	17	. Myers, Florida 3	2919	Change	Addition
]	AME	•	ROBERT		occirc	1	2 NAME						need - very ment
ı	REET ADDRESS		OLLEGE PKWY. STE 1					T ADDRESS					
	TY-S1-ZIP		RS FL 33919				4 CITY-						

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Baytime Phone