

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

0406977

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90146 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000005331

1. Corporation Name
KOHAN HOMES & DEVELOPMENTS, INC.



Principal Place of Business 9525 BLIND PASS ROAD #208 ST. PETERSBURG FL 33706	Mailing Address 9525 BLIND PASS ROAD #208 ST. PETERSBURG FL 33706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1919 80th St. N.	2a. Mailing Address 26 1919 80th St. N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Pete, FL	City & State 28 St. Pete, FL
Zip 24 33710	Zip 29 33710
Courtesy 25 USA	Courtesy 30 USA

3. Date Incorporated or Qualified 01/18/1995	Applied For No: Applicable
4. FEI Number 59-3291948	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KOHAN-SHOHET, KEYVAN
9525 BLIND PASS ROAD #208
ST. PETERSBURG FL 33706

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1919 80th St. N.
83	
84 City	St. Pete
85 Zip Code	FL 33710

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHAN-SHOHET, KEYVAN	1.2 NAME	
STREET ADDRESS	9525 BLIND PASS ROAD #208	1.3 STREET ADDRESS	1919 80th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33706	1.4 CITY-ST-ZIP	St. Pete, FL 33710
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHAN-SHOHET, STEPHANIE	2.2 NAME	
STREET ADDRESS	9525 BLIND PASS ROAD #208	2.3 STREET ADDRESS	1919 80th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33706	2.4 CITY-ST-ZIP	St. Pete, FL 33710
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **Keyvan Kohan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 **727-344-0419**
Date Daytime Phone #

CR2E034 (11/98)