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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019933 (7)

FILED Feb 11 1998 8:00am Secretary of State

	CAMBR	IIDGE HOME BUILDERS, I	NC.			NETE 1811 (111) FILE NIK 188
Princ	cipal Place	e of Business	Mailing Address			HAND FOIRE INTER HINDS THE LAND
2651 ULMERTON ROAD			2651 ULMERTON ROAD			
CLEARWATER FL 34622			CLEARWATER FL 34622			
					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
-	tring and Di		Table Manuscript		03/13/1995	
	rincipal Pi	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21	Suite, Apt #, etc		26		59-3303355	Not Applicable \$8.75 Additional
22		#, etc	27		5. Certificate of Status Desired	Fee Required
	City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23	•		28		Trust Fund Contribution	Added to Fees
	ip	Country	Zip	Country	8. This corporation owes or has paid the	
24		25	29	30	Personal Property Tax due June 30.	Yes No
		g. Name and Address of Curre			10. Name and Address of New Register	ed Agent
	DA	NN, PHILIP W		81 Name		
FAO FOLIDALI OTDOCT MODILI				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		PETERSBURG FL 33701		OLI OLIBOT AGG	areas (1.0. box Humber is not Acceptable)	
1				83		
				84 City		. 85 Zip Code
				1 1 1	F	
ļ	NATURE:	n familiar with, and accept the oblig		rida Statutes. Registered Agent signature requ	rporation submits this statement for the purpositation's board of directors. I hereby accept the a	
12.		OFFICERS AN	ND DIBLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE		V	DELETE	1 1 TITLE		Change Addition \$
NAME]	GIBALDI, MICHAEL		1.2 NAME		12
STREE	T ADDRESS	1719 MEXICO AVENUE		1.3 STREET ADDRESS		i d
_CITY-:	ST-ZIP	TARPON SPRINGS FL		1.4 CITY - ST - ZIP	•	
TITLE		D	☐ DELETE	2.1 TITLE		Change Addition
NAME		KAY, LTD. ROBERT		2.2 NAME		
STREE	T ADDRESS	P.O. BOX 745 NA		2.3 STREET ADDRESS		
CITY	ST-ZIP	MONATON NB		2 4 CITY-ST-ZIP		
TITLE	Į	P	☐ DELFTE	3 1 TITLE		Change Addition
NAME	ļ	NAGEL, ROBERTS M		3.2 NAME		
STREE	T ADDRESS	18820 BIARRITZ AVE.		3.3 STREET ADDRESS		
	ST-ZIP	LUTZ FL 33549		3.4 CITY-ST-ZIP		
TITLE	-		L. DELETE	4.1 TITLE		Change Addition
NAME	- 1			4. 2 NAME		į
STREE	T ADDRESS			4 3 STREET ADDRESS		1.
	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 City-ST-ZIP		
TITLE	ļ		☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		1
!	T ADDRESS			5.3 STREET ADDRESS		İ
$\overline{}$	ST-ZIP		——————————————————————————————————————	5.4 CITY - \$1 - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	i		DELETE	6 1 TITLE		Change Addition
NAME				62 NAME]
STREE	T ADDRESS			6.3 STREET ADDRESS		İ
CITY-	ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 suppliemental 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 frustee 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.

SIGNATURE:

Blut m. Nagel, Pus

2.3.98 813.573.56