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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

1	1996	1	DIVISION OF C	ORPORATIONS		
DOCUN 1. Corporation		P9500	0038649 (6)			
CUSTOM COTTAGES, INC.						
					† 18 3) (8 8) (8 8) (8 8) (8 18) (8	
Principal Place	of Business		Maling Address			
·			-			
6267 S.W. 57TH ST. MIAMI FL 33143			6267 S.W. 57TH ST. Miami Fl 33143			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					05/10/1995	
2. Principal Pla			2a. Mailing Address		4. FEI Number	Applied For
21 12365 S.W. 224 ST. BNNCY			26 SEYO SW BO ST Suite, Apt. #, etc.		65-0584897	Not Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23 (2000)		FL	28 SOUTH MIA	mi FL	Trust Fund Contribution	Added to Fees
Ζφ	[Country	Z10	Country	8. This corporation has liability for	
24 3317				30 DADE	Florida Statutes Yes	77
<u>.</u>	g, Name ar	id Address of Current	Registered Agent	81 Nagre	10. Name and Address of New F	
(-1.5)					END D. SCHERER	
SCHERER, GLENN D 6267 S.W. 57TH ST.					dress (P.O. Box Number is Not Acceptat	ole)
MAMI FL 33143				83 5626	O S W ON STOCK	
11	_ 007.10			84 City	0 5.W. 80 STREE	
				- Z	Tay MI Ams,	FL 85 Zip Code 33143
11. Pursuant to or registers	oithe provision:	s of Sections 607.0502 official figures of Florid	and 607.1508. Florida Statutes a. Such change was authorized	, the above harned corp	oration submits this statement for the puriard of directors. Thereby accept the app	rpose of changing its registered office
familiar with	n and accept	the obligations of, Sect-	on 607.0505, Horida Statutes	er, and emperium are	and a time of the capp	or tendence as regional result
SIGNATURE _	Skataline (News) on c	ninted halves of nights and agents	nel tra d'ances abs	Registered Apertisignation region	zalistas, maititai	DAD.
12.		OFFICERS AN:		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1 1 10°LE	P	☐ Change ☐ Addit-on
NAME		r, glenn d	_	1.2 NAME		
STREET ADDRESS		/. 57TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	33143	☐ DELETE	14 CITY - ST - ZiP 2 1 Title		Change P Addition
NAME				2 7 111(E 2 2 NAME	5/7/0	
STREET ADDRESS				2.3 STAFE! ADDRESS	SANDRA S. BARRO	: W _
CITY-ST-ZIP				2.4 CITY+ST-ZIP	SANDRA S. BARRESESSO S. W. ESST. SCOTTIFICAMILIE 3	, 3 ,4(3
TITLE	·		☐ DELETE	3 1 TITUE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STHEE! ADDRESS		
CITY+ST+ZIP				3.4 CHY+ST-ZIP		
TITLE			☐ DELETE	4 1 TITLE		Change Addition
NAME STREET ADORESS				4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP				4 4 CITY - ST- ZIP		
TITLE			☐ DELETE	5 1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIF				5.4 CHY+SI+ZIF		
TITLE			☐ DELETE	6 1 TITLE		Change Addition
NAME PARCE ARROSCO				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-SI-ZIP	v certify that th	e information supplied v	vith this films is voluntarily furnish	■ 640(fy-St-ZiP hed and does not qualify	for the exemption stated in Section 119	.07(3)(k), Florida Statutes further

certify that the information indicated on this aming is vocuriarly turnished and toos not quality for the exemption stated in section 1.19-07 (o)kiy, montain stated in section 1.19-07 (o)kiy, montain 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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 258-3466 Dajone Prince #