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**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000039652 (9)**

1. Corporation Name

**ECCLESTONE SIGNATURE HOMES I COMPANY**

Principal Place of Business

**1555 PALM BEACH LAKES BLVD.  
STE 1100  
WEST PALM BEACH FL 33401**

Mailing Address

**1555 PALM BEACH LAKES BLVD.  
STE 1100  
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>05/18/1995</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0594755</b>	
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ECCLESTONE, E. L JR.  
1555 PALM BEACH LAKES BLVD.  
STE 1100  
WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECCLESTONE, E. LLWYD III</b>	1.2 NAME	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD. STE 1100</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECCLESTON, E. L JR</b>	2.2 NAME	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD. STE. 1100</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EVT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, RON</b>	3.2 NAME	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., STE 1100</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, GARY</b>	4.2 NAME	
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., STE. 1100</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEYENDECKER, HELENA</b>	5.2 NAME	<b>S</b>
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., STE. 1100</b>	5.3 STREET ADDRESS	<b>Arlene Evans</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>AS</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Rosanne Piretti</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>1555 Palm Beach Lakes Blvd #1100 West Palm Beach FL 33401</b>

**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.**

**SIGNATURE: Ron Cooper**

**3/20/98 561/686-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)