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

FILED
May 04 1998 8:00am
Secretary of State

DOCUMENT #   **P95000044078 (0)**

1. Corporation Name

GAVIN HOMES & DESIGN, INC.

Principal Place of Business	Mailing Address
1405 N.W. 66TH AVE. MARGATE FL 33063	1405 N.W. 66TH AVE. MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0586671**	Applied For / Not Applicable
21		26			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
FEINBERG, JEFFREY 4651 SHERIDAN STREET SUITE 300 HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** NAME **GAVIN, THOMAS H** STREET ADDRESS **500 SOUTH SURF ROAD** CITY-ST-ZIP **HOLLYWOOD FL 33019**	☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **SAIGER, LAURIE L** STREET ADDRESS **500 SOUTH SURF ROAD** CITY-ST-ZIP **HOLLYWOOD FL 33019**	☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **GAVIN, DALE R** STREET ADDRESS **500 SOUTH SURF ROAD** CITY-ST-ZIP **HOLLYWOOD FL 33019**	☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE *Director* NAME *DAVID K LAGERSTROM* STREET ADDRESS *6501 SW 17TH ST* CITY-ST-ZIP *POMPANO, FL 33068*	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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   *Thomas H. Gavin*   Thomas H. Gavin   Pres.   4-20-98   954-984-0350