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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90046 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000044078

1. Corporation Name

GAVIN HOMES & DESIGN, INC.

Principal Place of Business

Mailing Address

1405 N.W. 36TH 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

4. FEI Number

65-0586671

Applied For

No: Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME SAIGER, LAURIE L  
STREET ADDRESS 500 SOUTH SURF ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33019

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME GAVIN, DALE R  
STREET ADDRESS 500 SOUTH SURF ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33019

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME LAGERSTRON, DAVID K.  
STREET ADDRESS 6501 SW 17TH ST  
CITY-ST-ZIP POMPANO FL 33068

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Thomas H. Gavin Pres

4-15-99 954-984-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)