

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90048 024 ***158.75

DOCUMENT # P95000053542

1. Corporation Name
SHELBY HOMES 9, INC.



Principal Place of Business
9050 PINES BLVD
SUITE 250
PEMBROKE PINES FL 33024
US

Mailing Address
9050 PINES BLVD
SUITE 250
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1995

4. FEI Number
65-0593917

Applied For
Not 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 2825 University Dr.
Suite, Apt. #, etc.

26 2825 University Dr.
Suite, Apt. #, etc.

22 Suite 300
City & State

27 Suite 300
City & State

23 Coral Springs, FL
Zip

28 Coral Springs, FL
Zip

24 33065
Country

29 33065
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, ERIC
9050 PINES BLVD
SUITE 250
PEMBROKE PINES FL 33024

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2825 University Drive
84 Suite 300
85 City Coral Springs FL 85 Zip Code 33065

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

Eric A Simon

2/22/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	SHELLEY, ROBERT
STREET ADDRESS	9050 PINES BLVD, SUITE 250
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	DVST <input type="checkbox"/> DELETE
NAME	SIMON, ERIC A
STREET ADDRESS	9050 PINES BLVD, SUITE 250
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MYERSON, JOSEPH
STREET ADDRESS	9050 PINES BLVD, SUITE 250
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2825 University Dr #300
1.4 CITY-ST-ZIP	Coral Springs, FL 33065
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2825 University Dr #300
2.4 CITY-ST-ZIP	Coral Springs, FL 33065
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2825 University Dr #300
3.4 CITY-ST-ZIP	Coral Springs, FL 33065
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Eric A Simon

2/22/99 954 757-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)