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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

3-10-97 941-437-2191

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056441 (5)

## WATERSIDE CUSTOM HOMES OF SOUTHWEST FLORIDA, INC

| 4634 S.W. 12TH PLACE<br>CAPE CORAL FL 33914 |   | 4634 S.W. 12TH PLACE<br>CAPE CORAL FL 33914-6384   | 4634 S.W. 12TH PLACE<br>CAPE CORAL FL 33914-6384 |  |                                       |
|---|---|--|--|--|---------------------------------------|
|   |   |  |  | 3. Date Incorporated or Qualified 07/20/1995   | 3a. Date of Last Report 02/27/1996    |
| 2. Prinagal Pi                              | labe of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For                           |
| 21  |   | 26 P.O. Box 83   | 4  | 65-0605084   | Not Applicable                        |
| Stille April<br>22                          |   | Suito, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Regulred        |
| Oity & State<br>23                          | •   | City & State  28 Cape Coral,   | FL   | 6. Election Campaign Financing<br>Trust Fund Contribution  | \$5.00 May Be Added to Fees           |
| Zφ  | Country   | Zip  | Country  | 8. This corporation has liability for  | intangible tax under s. 199.032,      |
| 24  | 25  |  | O USA  |  | Yes No                                |
|   |   | of Current Registered Agent  | 81 Name  | 10. Name and Address of New Re   | gistered Agent                        |
|   | BL, ROBERT S  |  | 01 Ivanie  |  |                                       |
| 4634 S.W. 12TH PLACE                        |   |  | 82 Street  | eet Address (P.O. Box Number is Not Acceptable)  |                                       |
| CAPI  | E CORAL FL 33914  |  | 83   |  |                                       |
|   |   |  |  |  |                                       |
|   |   |  | 84 City  |  | FL 85 Zip Code                        |
| 11. Égrsoant t                              | to the provisions of Section  | 607 0502 and 607 1508, Florida Statutes  | the above-named                                  | corporation submits this statement for the p   | ourpose of changing its registered    |
|   |   | the State of Florida, Such change was au<br>the obligations of, Section 607,0505, Flori  |  | poration's board of directors. I hereby acce   | of the appointment as registered      |
| SIGNATURE                                   | <del>.</del>  | · · · · · · · · · · · · · · · · · · ·  |  |  |                                       |
| 12.   | the second control of | g Peru agustami tit cit applicable (NOTE I<br>CERS AND DIRECTORS   | Hegistered Agent signalum                        | c required when teinstating)  ADDITIONS/CHANGES TO OFFICE  | DATE<br>CERS AND DIRECTORS IN 12      |
|   | PSTD  | DELETE   | 1.1 TIBLE  | 1  | Change Addition                       |
| NAME .                                      | ZLOBL, ROBERT S   |  | 1.2 NAME   |  |                                       |
| STREE ACCEPTED                              | 4634 S.W. 12TH PLAC   | E  | 1.3 STREET ADDRESS                               |  | l l                                   |
| Ola-SI Zii                                  | CAPE CORAL FL 3391  | 4  | 1.4 CITY - ST - ZIP                              |  |                                       |
| TPUF  | VD  | DELETE   | 2 1 TITLE  |  | Criange Addition                      |
| VAME  | ZLOBL, TRACYE L   | _  | 2.2 NAME   | l de la companya de l |                                       |
| Stated Aboreas                              | 4634 S.W. 12TH PLAC   |  | 23 STREET ADDRESS                                |  |                                       |
| _CHY \$1.7≥                                 | CAPE CORAL FL 3391  | The second secon | 2 4 CITY+ST-ZIP                                  |  |                                       |
| 100   |   | ☐ DELETE   | 3 1 TITLE  |  | Change Addition                       |
| hAMt  |   |  | 3.2 NAME   |  | •                                     |
| STREET ADDRESS:                             |   |  | 3.3 STREET ADDRESS                               |  |                                       |
| - (517-\$1-70<br>- 1017                     |   | DELETE   | 3.4. CITY - ST - ZIP<br>4.1 THEE                 |  | Change Addition                       |
| NAMI  |   |  | 4. 2 NAME  |  |                                       |
| MINITED ADORESS                             |   |  | 4.3 STREET ADDRESS                               |  |                                       |
| CHTY - S.E - Zin                            |   |  | 4.4 CITY - ST - ZIP                              |  |                                       |
| EULE  |   | DELETE   | 5.1 TITLE  |  | Change Addition                       |
| NAME:                                       |   |  | 5.2 NAME   | <b>\</b>   |                                       |
| STREET ATIONESS                             |   |  | 5.3 STREET ADDRESS                               |  |                                       |
| gity Silizin                                |   |  | 5.4 CITY+ST-ZIP                                  |  |                                       |
| lil.F                                       |   | DELETE   | 6.1 TITLE  |  | Change L. Addition                    |
| NAMI  |   |  | 6.2 NAME   |  |                                       |
| STREET AGG 4-55                             |   |  | 6.3 STREET ADDRESS                               |  |                                       |
| 01Y_S1_Zir1<br><b>14</b> . Lea Eeres        | by carrify had the informatic   | a supplied with this filing does not qualify   | for the exemption:                               | Language Lan | es I further certify that the         |
| informat a<br>Lam, an o                     | ori indicated on this annual r<br>Ricer or director of III): corp   | report or supplementat annual report is tru  | e and accurate and<br>red to execute this        | d that my signature shall have the same log-<br>report as required by Chapter 607, Florida S   | at effect as if made under oath; that |

Robert S. Zlobl, Pres.