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Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056441 (5)

1. Corporation Name
WATERSIDE CUSTOM HOMES OF SOUTHWEST FLORIDA, INC

Principal Place of Business	Mailing Address
4634 S.W. 12TH PLACE CAPE CORAL FL 33914	P.O BOX 634 CAPE CORAL FL 33910 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1995

4. FEI Number: 65-0605084 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3013 DEL PRADO BOULEVARD	26
Suite, Apt #, etc. 22 SUITE 3	Suite, Apt. #, etc. 27
City & State 23 CAPE CORAL, FL	City & State 28
Zip 24 33904 Country 25 LEE	Zip 29 Country 30

9. Name and Address of Current Registered Agent

ZLOBL, ROBERT S
4634 S.W. 12TH PLACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3013 DEL PRADO BOULEVARD
83 SUITE 3
84 City CAPE CORAL FL 85 Zip Code 33904

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] ROBERT S. ZLOBL 2/18/98
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	PSTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ZLOBL, ROBERT S	1.2 NAME	
STREET ADDRESS	4634 S.W. 12TH PLACE	1.3 STREET ADDRESS	3013 DEL PRADO BOULEVARD, SUITE 3
CITY-ST-ZIP	CAPE CORAL FL 33914	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ZLOBL, TRACYE L	2.2 NAME	
STREET ADDRESS	4634 S.W. 12TH PLACE	2.3 STREET ADDRESS	3013 DEL PRADO BOULEVARD, SUITE 3
CITY-ST-ZIP	CAPE CORAL FL 33914	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] ROBERT S ZLOBL 2/18/98 941/945-3300