

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000063706 (2)

1. Corporation Name

AMERICAN LANDMARK HOMES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**2200 WINDYWAY CIRCLE
TAMPA FL 33612**

**2200 WINDYWAY CIRCLE
TAMPA FL 33612**

3. Date Incorporated or Qualified
08/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2454 McMullen Booth Rd**
Suite, Apt. #, etc

26 **2454 McMullen Booth Rd**
Suite, Apt. #, etc

22 **Building B / Suite 425**
City & State

27 **Building B / Suite 425**
City & State

23 **Cleawater Florida**
Zip Country

28 **Cleawater Florida**
Zip Country

24 **34619** 25 **USA**

29 **34619** 30 **USA**

4. FEI Number
51-3342151

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 **President** ☐ DELETE
NAME **Robert E. Swain**
STREET ADDRESS **2454 McMullen Booth Rd Bldg B/Suite 425**
CITY-ST-ZIP **Cleawater, Florida 34619**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VP-Treasurer** ☐ DELETE
NAME **Jonathan Rich**
STREET ADDRESS **180 Riverside Dr.**
CITY-ST-ZIP **New York, NY 10024**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE **Secretary** ☐ DELETE
NAME **Joseph Luback**
STREET ADDRESS **2454 McMullen Booth Rd Bldg B/Suite 425**
CITY-ST-ZIP **Cleawater, Florida 34619**

TITLE **VP-Finance** ☐ DELETE
NAME **Kevin Huff**
STREET ADDRESS **18700 Winkelman Way**
CITY-ST-ZIP **Tampa, Florida**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Kevin D. Huff

Kevin D. Huff

8/5/96

813-661-4663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

Complete Phone #

CR2E034 (3/96)