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

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED **DIVISION OF CORPORATIONS** 1997 JUN 26 PM 12: 11 DOCUMENT #PASDOOD (23704) SECRETARY OF STATE AMERICAN LANDMARK HOMES OF FLORIDA, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/95 4. FEI Number 08/15/96 2. Principal Place of Business 2a. Mailing Address Applied For 21 "Same" 2454 McMullen Booth Rd. 26 Not Applicable 59-3342151 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Building "B"/ Suite 425 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Clearwater, Florida 28 **Trust Fund Contribution** Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 34619 ☐ Yes ☐ No 25 USA 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name The Prentice-Hall Corporation System, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 Suite 105 Tallahassee, Florida 32301 84 City 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. Delioral 6-26-97 SIGNATURE (NOTE: Registered Agont signature required when roinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOLE DELETE **President** 1.1 DITE Change Addition 60000222**7766--3** -07/01/97--01058--007 NAME William J. Ash 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 2454 McMullen Booth Rd, Bldg B-Suite 425 CITY - ST - ZIP Clearwater, FLorida 34619 1.4 CITY-\$1-7IP ********8.75 ******8.75 □ Change □ Addition TITLE DELETE VP-Treasurer 21 TITLE NAME Jonathan Zick 2.2 NAME 600002227766--3 -07/01/97--01058--008 489 Fifth Ave., 27th Floor STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP New York, New York 10017 2 4 C(1Y - S1 - Z(P ****550<u>.00</u> DELETE TITLE Secretary 3.1 10116 NAME John D. Hourihan 3.2 NAME 2454 McMullen Booth Road, Bldg B, Ste 425 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP Clearwater, Florida 34619 34 CHY-St 7/P TITLE DELETE 4.1 TITLE VP Finance Change Addition NAMP K**evi**n D. Huff 4.2 NAME 2454 McMullen Booth Rd., Bldg B, Ste. 425 STREET ADDRESS 4.3 STREET ADDRESS Clearwater. Florida 34619 CITY - ST - ZIP 4.4 CHY - S1 - ZIP DELETE TITLE 5.110111 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5 4 CHY - SI - ZIP DELETE TITLE 61 TITLE 6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP 14. I do 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 eath; 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

Kenin D. Huff

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