

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

FILED

May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063706 (2)

1. Corporation Name

AMERICAN LANDMARK HOMES OF FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2454 MCMULLEN BOOTH RD BUILDING B/STE 425 CLEARWATER FL 34619 US	Mailing Address 2454 MCMULLEN BOOTH RD BUILDING B/STE 425 CLEARWATER FL 34619 US
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2. Principal Place of Business 21 1408 N Westshore Blvd Suite, Apt. #, etc 22 Suite 704 City & State 23 Tampa, Florida Zip 24 33607	2a. Mailing Address 26 1408 N Westshore Blvd Suite, Apt. #, etc 27 Suite 704 City & State 28 Tampa, Florida Zip 29 33607
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3. Date Incorporated or Qualified 08/17/1995	4. FEI Number 59-3342151
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ASH, WILLIAM J
STREET ADDRESS	2454 MCMULLEN BOOTH RD., BLD B/STE 425
CITY-ST-ZIP	CLEARWATER FL 34619
TITLE	VPT
NAME	ZICK, JONATHAN
STREET ADDRESS	489 FIFTH AVENUE, 27TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	S
NAME	HOURIHAN, JOHN D
STREET ADDRESS	2454 MCMULLEN BOOTH RD. BLDG B/STE 425
CITY-ST-ZIP	CLEARWATER FL 34619
TITLE	VPF
NAME	HUFF, KEVIN D
STREET ADDRESS	2454 MCMULLEN BOOTH RD. BLDG B/STE 425
CITY-ST-ZIP	CLEARWATER FL 34619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	1408 N. Westshore Blvd #704
1.4 CITY-ST-ZIP	Tampa, Florida 33607
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1408 N. Westshore Blvd #704
3.4 CITY-ST-ZIP	Tampa, Florida
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HUFF, KEVIN D
4.3 STREET ADDRESS	1408 N. Westshore Blvd #704
4.4 CITY-ST-ZIP	Tampa, Florida 33607
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.

SIGNATURE: K D Huff KEVIN D. HUFF 4/29/98 813-636-0414

CR2E034 (10/97)