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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # P95000067126 (9)

**BRITTANY HOMES, INCORPORATED** 

## FILED Apr 16 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address						-	il ochra billi hobbi iddi	<u> </u>	
5415 LAKE HOWELL RD. SUITE 278 WINTER PARK FL \$2792  5415 LAKE HOWELL RD. SUITE WINTER PARK FL \$2792-1033						, i			
						3. Date Incorporated or Qualified 08/22/1995	3a. Date of La 02/12/19		
	lace of Business	2a. Mailing Address	¬			4. FEI Number		Applied For	
21 Suite Ant	# ata	26	:			59-3335928		Not Applicable	lo
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		75 Additional e Required	
City & Stat	θ	<del>  -  </del>	City & State			6. Election Campaign Financing		.00 May Be	
Zip Country			Zip Country			Trust Fund Contribution		ded to Fees	
24	<del></del>		30			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     ▼ Yes  No			
	9. Name and Address of Currer		130]			10. Name and Address of New Re		<del></del>	
NO/	/AK, PAUL			81 Name	<del>)</del>		•		{
5415 LAKE HOWELL RD, SUITE 278				82 Stree	et Address (P.O. Box Number is Not Acceptable)				
	TER PARK FL 32792			31166	Address (r.o. Box Norliber is Not Acceptable)				
				83					7
**				84 City			<b>—.</b> 85	Zip Code	{
· · · · · · · · · · · · · · · · · · ·									
office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the at authorized orida Stat	oove-name d by the co utes.	d corpo rporatio	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of changing the appointment	ng its registered t as registered	3
SIGNATURE	Signature, typed or printed name of registered age								.
12.	OFFICERS AN		11 Hegistered	I Agent signatu	re required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODE IN 12	,,
TITLE	D	DELETE	1.1 1	LE			Char		§
NAME NOVAK, PAUL		- '	1.2 NAME			OVAK, PAUL	<b>J</b>	g	. [5
STREET ADDRESS	5415 LAKE HOWELL RD, SUIT	TE 278	1.3 ST	REET ADDRESS	1	415 LAKE HOWE	4- 20	#278	E
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CITY-ST-ZIP		l w	INTER PARK FL	3276	3 2	Σ π
TITLE	P	DELETE	21 ]]]			11100	☐ Chan	ge Addition	,   C
NAME	NOVAK, ARLETTE	22		ME					
STREET ADDRESS	2654 ULTRA VISTA DR		2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	MAITLAND FL		2. 4 Ci	2. 4 CiTY-ST-ZiP					
TITLE	<b>▼</b> : .		3.1 7/7	LE			. Chan	ge Addition	ñ]
NAME	DEDERING, RAYMOND A		3.2 NA	ME					
STREET ADDRESS	2000 QUEEN MARY PL		3.3 ST	REET ADDRESS					
CITY-ST-ZIP	MAITLAND FL	DELETE.		IY-ST-ZIP	ļ				_
TITLE NAME		☐ DELETE	4.1 111				L Chan	ge Addition	,
STREET ADDRESS			4. 2 N/						
				IEET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.1 TH	Y - \$1 - ZIP			Chan		_
NAME		□ otreit	5.1 III 5.2 NA		1		☐ Chan	ge L Addition	'
STREET ADDRESS				KEET ADDRESS	1				
CITY-ST-ZIP				Y-SI-ZIP					
TITLE	DELETE		6.1 TH				Chan-	ge 🔲 Addition	$\exists$
NAME			6.2 NA				Undir	riduktivit	"
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
4 4 7 7 7 7 7 7					<u> </u>				

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 oath; that I am an officer or director of the corporation of the receiver of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of an attackment with an address.