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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000070777**

MENE' HOMES, INC.

Principal Place of Business 1474-A WEST 84TH STREET

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

HIALEAH FL 33014

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

1474-A WEST B4TH STREET HIALEAH FL 33014

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90092 025 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/11/1995 4. FEI Number

65-0609046

Zip	Country	Zip	Country			8. This corporation ow	es the current year Ir	ntangible	
24	25	29 30	<u> </u>			Personal Property 7		Yes	□No
Name and Address of Current Registered Agent					1	10. Name and Addres	s of New Registered	Agent	
001411 1 14				Name					
OSMAN, L M			82	Street A	Address	(P.O. Box Number is N	lot Acceptable)		
1474-A WEST 84TH STREET				******					st in the
HIALEAH FL 33014			83				n i		3 13 3
			84	City	-		*	85 Zip	Code
_			04	Only			FI	_	0000
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 Slonature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent a		t signature re	equired who		DATE OF TO OFFICE DO A	ND DIDECT	DDC IN 42	
12.	OFFICERS AND DIRECTORS DELETE		13.			ADDITIONS/CHANG	ES TO OFFICERS A	Change	Addition
TITLE	OSMAN, CRAIG A			}		•	1		
NAME	1474-A WEST 84TH STREET		1.2 NAME						}
STREET ADDRESS			1.3 STREET	1					
CITY-ST-ZIP	HIALEAH FL 33014	[] DELETE	1.4 CITY-ST	r-ZIP				☐ Change	☐ Addition :
TITLE	VSD	☐ DELETE	2.1 TITLE	}				□ Change	
NAME	OSMAN, L M		2.2 NAME						
STREET ADDRESS	1474-A WEST 84TH STREET		2.3 STREET	ADORESS		4			
CITY-ST-ZIP	HIALEAH FL 33014		2.4 CITY-S	T-ZIP			<u> </u>		
TITLE	VD	☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	OSMAN, TY H		3.2 NAME						ļ
STREET ADDRESS	9129 SADDLEBOW DRIVE		3.3 STREET	ADDRESS					
CITY-ST-ZIP	BRENTWOOD TN 37027		3.4. CITY-S	T-ZIP			<u>i</u>		, ,
TITLE		☐ DELETE	4.1 TITLE		-			☐ Change	· 🗀 Addition
NAME			4. 2 NAME						
STREET ADDRESS	•		4.3 STREET	ADDRESS					ļ
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP					
TITLE .		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME			• "			ĺ
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP	•		5.4 CITY-S1	-ZIP					
TITLE		☐ DELETE	6.1 TITLE	T				Change	☐ Addition
NAME			6.2 NAME						İ
STREET ADDRESS	1		6.3 STREET	ADDRESS		,			
CITY-ST-ZIP			6.4 CITY-ST	-ZiP					
14. I hereby o	ertify that the information supplied with	this filing does not qualify for th	e exempti	on stated	in Sect	tion 119.07(3)(i), Florida	Statutes. I further co	rtify 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

SIGNATURE