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

-PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jan 29, 1999 8:00am **Secretary of State**

	1999	DIVISION OF C	ORPORATIONS	01-29-1999 90002 031 ****150.0	0
DOCU	MENT # P9500	10020045		01-25-1555 50002 051 150.0	0
1. Corporation	on Name	0000340			
HOUSIN	ig & Urban Design, in	C.			
				E HARLING HIN GOLDE BUILD ABOUT AND A COLD	BAIRI (SIN BANA IBNA BIRA DIN IBN
Principal Plac	ce of Business	Mailing Address	,	1 1003/100/ 110 10/01 0/(11 00/11 00/11 00/(11	Abidi carti alitik carii držai Airi 1601
4212 N. ACCESS RD. # A 4212 N. ACCESS RD. # /		•			
ENGLEWOOD	FL 34224	ENGLEWOOD FL 34224		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
	•			10/20/1995	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0615662	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	<u> </u>	City & State	. .		Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 . Zip	Country	28	Country	Trust rung Contribution B. This corporation owes the current year	Added to Fees
24	25	· · · ·	30	Personal Property Tax.	¥ Yes □No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	red Agent
10/41		A Section of the sect	81 Name		
HCCLAR	LKER, CLAIRE	C.	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1,0.4212 0/ LI	2 N. ACCESS RD. # A I	NC .		e maj representa apparta i più cari la colombia de	Anime Min Marchadani Stania (Krasi)
	GLEWOOD FL 34224	10	83		
LING	SLEWOOD FL 34224		84 City	(1 전 17 H Gr.) 및 기가 관한 하나의 현재하는 현재하는 현재하는 기계	85 Zin Code
<u></u>	0.2 350				FL S E S S S S S S S S
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607 1508, Florida Statutes ate of Florida. Such change was aut	s, the above-named corp thorized by the corporati	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
agent. I a	am familiar with, and accept the ob-	ligations of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: 6	Registered Agent signature require	ed when reinstating) :, DAT	
12:		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	☐ DELETE	1.1 TITLE	SS 50 (3499)	☐ Change ☐ Addition
NAME	WALKER, CLAIRE	•	1.2 NAME	• • • • • • • • • • • • • • • • • • •	•
STREET ADDRESS	1853 VICTORIA AVENUE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	FORT MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, AL	•	.2.2 NAME		
STREET ADDRESS	1853 VICTORIA AVENUE	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33901	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	rea ash.	FINCTEIC	3.1 TITLE		☐ Change ☐ Addition
100	国的基础的企业		3.2 NAME	· .	
STREET ADDRESS	DUSCIA HURBAL DOTTOR	\$.	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	Kirighthalla.
TITLE	Compression of the Compression o	☐ DELETE	4.1 TITLE	<u> </u>	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	,	☐ DELETE	5.1 TITLE		Change. Addition
NAME	1		5.2 NAME	and the state of t	

CITY-ST-ZIP.W. 22 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 control of 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 with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Addition