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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084728 (1)

D.S. WARE CUSTOM HOMES REALTY, INC.

## **FILED** Mar 26 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                           |                     |                        |            |                |   | ı ideilde yık (bibi billi balıl balıl balıl dalılı dalılı alalı ındıl ıladı teri jadı |  |
|---|---------------------------|---------------------|------------------------|------------|----------------|---|---|--|
| 10801-213 SAN JOSE BLVD. 10801-213 SAN JOSE BLVD  |                           |                     |                        |            |                |   |   |  |
| JACKSONVILLE FL 32257   |                           |                     | JACKSONVILLE FL 32257  |            |                |   |   |  |
|   |                           |                     |                        |            |                |   | DO NOT WRITE IN THIS SPACE  |  |
|   |                           |                     |                        |            |                |   | 3. Date Incorporated or Qualified   |  |
| A D : 1 1 D   |                           |                     | Mailing Address        |            |                |   | 10/30/1995 4. FEI Number Applied For  |  |
| 2. Principal Place of Business  |                           |                     | 2a. Mailing Address    |            |                |   |   |  |
| 21  |                           |                     | Suite, Apt. #, etc.    |            |                |   | \$0.75 Additional   |  |
| Suite, Apt. #, etc.   |                           |                     | <b>⊢</b> ¬ '           |            |                |   | 5. Certificate of Status Desired Fee Required   |  |
| City & State  |                           |                     | City & State           |            |                |   | 6. Election Campaign Financing \$5.00 May Be  |  |
| 23  |                           |                     | 28                     |            |                |   | Trust Fund Contribution Added to Fees   |  |
| Zip   | Country                   |                     | Zip                    | Co         | untry          | • • •   | 8. This corporation owes or has paid the current year intangible                      |  |
| 24  | 25                        | 29                  | •                      | 30         |                |   | Personal Property Tax due June 30.  Yes No  |  |
| -71   | 9. Name and Addres        |                     | tered Agent            | 11         | Τ              |   | 10. Name and Address of New Registered Agent  |  |
| Al  | LEN, GLENN K              |                     |                        |            | 61             | Name  | ne  |  |
| 353 EAST FORSYTH STREET   |                           |                     | -                      |            |                | 62 Street Address (P.O. Box Number is Not Acceptable) |   |  |
| JACKSONVILLE FL 32202   |                           |                     |                        |            |                | Sueer   | el Addiess (F.O. Dox Hullioel is Not Acceptable)                                      |  |
| <b>V</b>  |                           | -                   |                        |            | 83             |   |   |  |
|   |                           |                     |                        |            | 84             | Oit.  | 85 Zip Code   |  |
|   |                           |                     |                        |            | 04             | City  | FL 85 Zip Code  |  |
| 11. Pursuant  | to the provisions of Sect | ions 607.0502 and 6 | 07.1508, Florida Statu | tes, the a | above          | -named  | ed 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                           |                     |                        |            |                |   |   |  |
| 12.   | O                         | FICERS AND DIREC    |                        | 13.        |                |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |  |
| TITLE   | D                         |                     | ☐ DELÉTE               | 1.11       | #TLE           |   | Change Addition   |  |
| NAME  | WARE, DONALD              |                     |                        | 1.2 (      | MAME           |   |   |  |
| STREET ADDRESS  | 10601-213 SAN J           |                     |                        | 1.3 3      | STREET         | address   | SS  |  |
| CITY-ST-ZIP   | JACKSONVILLE F            | L 32257             |                        | 1.4        | CITY-S         | T-ZIP   |   |  |
| TITLÉ   | D                         |                     | ☐ DELETE               | 2.1        | TITLE          |   | Change Addition   |  |
| NAME  | CHAPPELL, KARE            |                     |                        | 2.2        | MAME           |   |   |  |
| STREET ADDRESS  | 10601-213 SAN J           |                     |                        | 2.3        | STREET         | address   | SS  |  |
| CITY-\$T-ZIP  | JACKSONVILLE F            | L 32257             |                        | 2. 4       | CITY-S         | T-ZIP   |   |  |
| TITLE   | -<br>:                    |                     | ☐ DELETE               | 3.1        | TITLE          |   | Change  |  |
| NAME  |                           |                     |                        | 3.21       | NAME           |   |   |  |
| STREET ADDRESS  |                           |                     |                        | 3.3        | STREET         | ADDRESS   | ss  |  |
| CITY-ST-ZIP   |                           |                     |                        | 3.4.       | CITY-S         | ST-ZIP  |   |  |
| TITLE   |                           |                     | ☐ DELETE               | 4.1        | TITLE          |   | Change Addition   |  |
| NAME  |                           |                     |                        | 4.2        | NAME           |   |   |  |
| STREET ADDRESS  |                           |                     |                        | 4.3        | STREET         | ADDRESS   | ss  |  |
| CITY-ST-ZIP   |                           |                     |                        | 4.41       | CITY-S         | T- ZIP  |   |  |
| TITLE   |                           |                     | ☐ DELETE               | 5.1        | TITLE          |   | ☐ Change ☐ Addition   |  |
| NAME  |                           |                     |                        | 5.2        | NAME           |   |   |  |
| STREET ADDRESS  |                           |                     |                        | 5.3        | STREET         | ADDRESS   | ss  |  |
| CITY-ST-ZIP   |                           |                     | <u></u>                | 5.4        | CITY·S         | T-ZIP   |   |  |
| TITLE   |                           |                     | DELETE                 | 6.1        | TITLE          |   | Change Addition   |  |
| NAME  |                           |                     |                        | 6.2        | NAME           |   |   |  |
| STREET ADDRESS  | 6500                      |                     |                        | 6.3        | STREET         | ADDRESS   | ss  |  |
| CITY-ST-ZIP   | 8310                      |                     |                        | 6.4        | CITY- <u>s</u> | T-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.

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