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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085935 (1)

1. Corporation Name
PAYLESSHOMES DEVELOPMENT CORP.



Principal Place of Business
536 S.W. ASTER ROAD
PORT ST. LUCIE FL 34953

Mailing Address
536 S.W. ASTER ROAD
PORT ST. LUCIE FL 34953-2903

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3340880

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 556 SE Port St Lucie Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 556 SE Port St Lucie Blvd
Suite, Apt. #, etc.

City & State

23 Port St Lucie, Florida

Zip

24 34984

Country

25 St Lucie

City & State

28 Port St Lucie, FL

Zip

29 34984

Country

30 St Lucie

9. Name and Address of Current Registered Agent

PHILIPP, MARK E
536 S.W. ASTER ROAD
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

MARK E Philipp

82 Street Address (P.O. Box Number is Not Acceptable)

556 SE Port St Lucie Blvd

83

84 City

Port St Lucie

FL

85 Zip Code

34984

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PHILIPP, MARK E
536 S.W. ASTER ROAD
PORT ST. LUCIE FL 34953

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KIEVSKY, ELYA
536 S.W. ASTER ROAD
PORT ST. LUCIE FL 34953

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)