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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085935 (1)

PAYLESSHOMES DEVELOPMENT CORP.

Principal Place of Business

536 S.W. ASTER ROAD PORT ST. LUCIE FL 34953

SIGNATURE:

Mailing Address

536 S.W. ASTER ROAD PORT ST. LUCIE EL 34953

FILED Feb 06 1997 8:00am Secretary of State



Substitution Subs	PORT ST. LUCIE	FL 34953	PORT ST. LUCIE FL 34953-	2903		
Such April 1, 60. Such Applicable Such April 2, 60. Such April 3, 60. Such April 3, 60. Such April 4, 60						
Sure, Apr. 8, cb. Suite Apr. 8, cb. Suite						Applied For
Control Status Dealed St	1125656	Fort Struce Blue	26 55655 YOU	Strucia RIVA	7 59-3340660	Not Applicable
State Stat	Suite, Apr #	, QIC.	r1		5. Certificate of Status Desired	1 T T T T T T T T T T T T T T T T T T T
Superance Supe		Lucie, Florida	harana (f. f. a. a. f.		, , ,	
PHILIPP, MARK E S88 S.W. ASTER ROAD PORT ST. LUCIE FL 34953 11. Pursuant to the provisions of Societies 607 0502 and 607 1508. Florida Solutite, the advanced or projectioned agend, or both, in the State of Florida Solutine, the advanced by the corporation submits this statement for the purpose of changing its registered agent, and horizon with, and accept the objection of Societies 607 0505. Florida Statutes, the advanced by the corporation submits this statement for the purpose of changing its registered agent, are horizon with, and accept the objection of Societies Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. LUCIE FL 34953 16. DELETE 17. TITLE 18. SUPPOSED 19. SAME 19. SAME 19. SAME 19. SAME 19. SAME 10. SAME	43499	8H 25 SH Luce 9 Name and Address of Current F	29 349 84		Florida Statutes	Yes No
São S.W. ASTER ROAD PORT ST. LUCIE FL 34953 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 opport for instance or the company of the corporation submits this statement for the purpose of changing its registered opport for instance or the corporation of 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 opport for instance or the corporation in the corporation is board of directors. I hereby accept the appointment as registered opport for the purpose of changing its registered opportunities. The corporation is board of directors. I hereby accept the appointment as registered opportunities. The corporation is board of directors. I hereby accept the appointment as registered opportunities. The corporation is board of directors. I hereby accept the appointment as registered opportunities. The corporation is board of directors. I hereby accept the appointment as registered opportunities. The corporation is board of directors. I hereby accept the appointment as registered opportunities. The corporation is board of directors. I hereby accept the appointment as registered opportunities. The corporation is statement for the purpose of changing its registered opportunities. The corporation is statement for the purpose of changing its registered opportunities. The corporation is statement for the purpose of changing its registered opportunities. The appointment as registered opportuniti	PHILI		iogiotorou rigotit	81 Name	O O 'I'	hararan vilann
PURI ST. LUCIE FL 34953 SS					KK E Philipp	······································
Section Sect	PORT	ST. LUCIE FL 34953		Street Addre	ess (P.O. Box Number is Not Acceptab	(a) De Rluss
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florido Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Joint familiar with, and accept the obligations of Soction 607.0505, Florido Statutes. SIGNATURE Signatur, byed price in care of logistered agent and the happeared agent agent and familiar with, and accept the subgrand agent ag				83		<u></u>
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florido Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Joint familiar with, and accept the obligations of Soction 607.0505, Florido Statutes. SIGNATURE Signatur, byed price in care of logistered agent and the happeared agent agent and familiar with, and accept the subgrand agent ag				RA Cityon A		Jack Zin Code
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 accept the collegations of Science OX70505. Priorida Statutes. SIGNATURE 12.				Vant	St Lucie	FL 34984
SIGNATURE 2	11. Pursuant to office or re	the provisions of Sections 607.0502 a gistered agent, or both, in the State of	end 607.1508, Florida Statute Florida Such change was a	s, the above-named corputhorized by the corporati	oration submits this statement for the prior's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D	SIGNATURE .	mamiliar with, and accept the deligate	ans or, section 607,0303, Flor	ida Statules.		
DELETE 1.1 TITLE Change Addition						
PHILIPP, MARK E SINEEL ADDRESS SINEEL ADDRESS DITY-ST-ZP DRIT ST. LUCIE FL 34953 D					ADDITIONS/CHANGES TO OFFIC	······································
SINEET ADDRESS DITY-SI-ZP THE KIEVSKY, ELYA SIGN W. ASTER ROAD PORT ST. LUCIE FL 34953 D DELETE 21 THE KIEVSKY, ELYA SIGN W. ASTER ROAD PORT ST. LUCIE FL 34953 DITY-SI-ZP THE MAME SIRRET ADDRESS DITY-SI-ZP THE MILE MILE MILE MILE MILE MILE MILE MIL		_	☐ PETE+E			Change Adortion
PORT ST. LUCIE FL 34953 1.4 City-S1-2P						
D						
NAME STREET ADDRESS DITY-ST-ZIP TITE DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS DITY-ST-ZIP DELETE 41 TITLE DELETE 51 TITLE NAME STREET ADDRESS DITY-ST-ZIP THE NAME STREET ADDRESS DITY-ST-ZIP DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE 51 TITLE DELETE	URITORIA	_	DELETE			Change Addition
SIREET ADDRESS DITY-ST-ZIP DELETE 31 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE AMME 4 2 NAME 4 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51		KIEVSKY, ELYA				
PORT ST. LUCIE FL 34953 2 4 CITY-ST-ZIP ITLE DELETE 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS GITY-ST-ZIP DELETE 4 LITTLE AAGRES GITY-ST-ZIP DELETE 4 LITTLE AAGRES GITY-ST-ZIP Change Addition NAME STREET ADDRESS GITY-ST-ZIP TITLE AAGRES GITY-ST-ZIP TITLE DELETE 5 LITTLE Change Addition AAGRES SIRRET ADDRESS GITY-ST-ZIP TITLE DELETE 5 LITTLE Change Addition AAGRES SIRRET ADDRESS GITY-ST-ZIP DELETE 5 LITTLE Change Addition AAGRES SIRRET ADDRESS GITY-ST-ZIP DELETE 6 LITTLE AAGRES SIRRET ADDRESS GITY-ST-ZIP TOTALE AAGRES SIRRET ADDRESS GITY-ST-ZIP AAGRES GITY-ST-ZIP AAGRESS AA						
DELETE DELETE 31 TITLE DELETE Addition		PORT ST. LUCIE FL 34953				
STREET ADDRESS CITY-ST-ZIP THE DELETE 4.1 TITLE Change Addition AAMAF STREET ADDRESS CITY-ST-ZIP THE ACTIVEST-ZIP THE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE ACTIVEST-ZIP ACTIVEST-ZIP THE ACTIVEST-ZIP ACTIVEST-ZIP THE ACTIVEST-ZIP ACTIVEST-ZIP ACTIVEST-ZIP THE ACTIVEST-ZIP ACTIVEST	T TLE		DELETE			Change Addition
CITY-ST-ZIP DELETE	NAME			3.2 NAME		
DELETE 4.1 TITLE Change Addition	STREET ADDRESS			3.3 STREET ADDRESS		
A 2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY: ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition 5.2 NAME 5.3 STREET ADDRESS CITY: ST-ZIP DELETE 6.1 TITLE Change Addition Change Addition	CITY-ST-ZiF	•		3.4. CITY - ST - ZIP		
STREET ADDRESS CITY: ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY: ST-ZIP TURLE DELETE 5.3 STREET ADDRESS CITY: ST-ZIP TURLE DELETE 6.1 TITLE Change Addition Addition 6.2 NAME STREET ADDRESS CITY: ST-ZIP 1.1 I do hereby certify that the information supplied with this filling 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 is for each accurate and that my signature shall have the same legal effect as if made under certify that the	TITLE		DELETE	4.1 TITLE		Change Addition
CITY ST-ZIP CITY ST-ZIP DELETE DELETE 5.1 TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY ST-ZIP DELETE 6.1 TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY ST-ZIP 1.1 Ob hereby certify that the information supplied with this filling 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 is for each accurate and that my signature shall have the same legal effect as if made under certify that the	NAME			4. 2 NAME		
THE DELETE 5.1 TITLE Change Addition SIRRET ADDRESS CHY-SI-ZIP DELETE 6.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS CHY-SI-ZIP DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CHY-SI-ZIP 6.4 CHY-SI-ZIP 6.5 STREET ADDRESS CHY-SI-ZIP 1. Job hereby certify that the information supplied with this filling 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 is for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is for and accurate and that my signature shall have the same legal effect as if made under certify that	STREET ADORESS			4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 STREET ADDRESS 6.9 CITY-ST-ZIP 6.9 CITY-ST-	CITY - ST - ZIP			4.4 CITY - ST - ZIP		
STREET ADDRESS CHY-ST-ZIP DELETE 6.4 CHY-ST-ZIP TUTLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-ST-ZIP 1. Job 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 is for each acquired and that my signature shall have the same legal effect as if made under certify that	T-TLE	-	☐ DELETE	5.1 TITLE		Change Addition
Statistics Sta	NAME			5.2 NAME		
DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-51-2IP 14. I do hereby certily 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 undicated on this annual report is for each accurate and that my signature shall have the same legal effect as if made under out the	STREET ADORESS			5.3 STREET ADDRESS		
NAME SIREET ADDRESS CITY-ST-ZIP 14. I do hereby certily 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 undicated on this annual report is for each accurate and that my signature shall have the same legal effect as if made under out the	CITY-ST-ZIP			5.4 CITY - ST - ZIP		
6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CITY	TOTLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6.4 CITY-ST-ZIP 14. I do hereby certily that the information supplied with this filing does not qualify does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is to each accurate and that my signature shall have the same legal effect as if made under each their	NAM!			6.2 NAME		
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 each; the	STREET ADDRESS			6.3 STREET ADDRESS		
thiormation 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 noth, that	CITY-ST-ZIF			6.4 CITY-ST-ZIP		
	information	undicated on this annual report or sun	mlemental annual report is to	ie and accurate and that.	my signature shall have the same legal	effect as if made under noth that