

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000085935 (1)**

1. Corporation Name
PAYLESSHOMES DEVELOPMENT CORP.



Principal Place of Business 556 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 US	Mailing Address 556 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1210 Melrose Ave Suite, Apt. #, etc.		2a. Mailing Address 26 1210 Melrose Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/07/1995	
22 City & State Port St. Lucie FL		27 City & State Port St. Lucie FL		4. FEI Number 59-3340880 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip 34953		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARK E PHILIPP 556 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34984		10. Name and Address of New Registered Agent 81 Name Vladimir Kouznetsov 82 Street Address (P.O. Box Number is Not Acceptable) 1210 Melrose Ave. 83 84 City Port St. Lucie FL 85 Zip Code 34953	
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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 **Vladimir Kouznetsov** DATE **4/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILIPP, MARK E		1.2 NAME Vladimir Kouznetsov	
STREET ADDRESS 536 S.W. ASTER ROAD		1.3 STREET ADDRESS 1210 Melrose Ave.	
CITY-ST-ZIP PORT ST. LUCIE FL 34953		1.4 CITY-ST-ZIP Port St. Lucie FL 34953	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIEVSKY, ELYA		2.2 NAME	
STREET ADDRESS 536 S.W. ASTER ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT ST. LUCIE FL 34953		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE **Vladimir Kouznetsov**

DATE **4/27/98** FILED **1336-23051**

CR2E034 (10/97)