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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090975 (0)

AUDUBON DESIGN HOMES, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 120 W. GLADES RD. 120 W. GLADES RD. **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0640785 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name POPKIN, SHURPIN & MACCARI, P.A. 2499 GLADES RD., STE. 114 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE HOWELL, MICHAEL J NAME 1.2 NAME 120 W. GLADES RD. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY+ST-ZIF

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 of the corporation or the recovery of trustes employee 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 recovery of trustes employeed 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 attrict in the same legal effect as if made under oath; that I am an officer or director of the corporation or the recovery of trustes employee 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 recovery of trustes employee 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 recovery of trustes employee 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 recovery of trustes employee 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 recovery of the corporation of the corporati

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