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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

FILED

Apr 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093399 (0)

PUDER HOMES AT THE GROVE POD D. INC.

14. I do hereby certify that the information supplied vinformation indicated on this annual report or suplam an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or the corporation of the corporation of the appears in Block 12 or Block 13 if changed, or the corporation of the

Principal Place of Business Mailing Address									IIII BEIR BBIR IJIDB		IE 1811 1881	
7200 WEST CAMINO REAL BLVD. STE 104 BOCA RATON FL 33433			7200 WEST CAMINO REAL BLVD. STE 104 BOCA RATON FL 33433				04					
								3. Date Incorporated or Qua 12/08/1995		ate of Last 01/1996		
2. Principal P	lace of Business		2a. Mailing Address					4. FEI Number	1/0/	200	Applied For	
21			26					-65-0520971 105	-0626	100	Vot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desi	red 🗆		Additional	
22		2	27					U. Ochmodic of dialas Bost		Feel	Required	
City & State			City & State					6. Election Campaign Finar			O May Be	
23			28					Trust Fund Contribution			d to Fees	
Zip	Country		Zip Cou			untry		8. This corporation has liability for intangible tax under s. 199.032,				
24]	25		29 30					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
9, Name and Address of Current Registered Agent PUIDED MICHAEL C 81												
PUDER, MICHAEL S						01	Name					
7200 WEST CAMINO REAL BLVD. STE			4			82	Street Addre	ess (P.O. Box Number is Not Ad	cceptable)			
BOC	A RATON FL 33433					83						
.**	ħ					84	City		Fl	85 Zi	p Code	
11 Purcuent	to the provisions of Si	tions 607.0502 and	1 607 1508	Florida Statu	les the a	hove	e-named coro	oration submits this statement for	or the numose i	of changing	its registered	
office or	egistered agent, or be	h, in the State of FI	orida Such	change was	authorize	d by	the corporati	oration submits this statement foods board of directors. I hereb	y accept the ap	pointment a	as registered	
	ım tamillar with, asaraş	cept the obligations	s of, Sectio				ة. ممليم	1/1	8/97			
SIGNATURE	Signature, types or printed na	ol Restered agent and	title if applicati	IC	chae If: Begister	d Apo	PudeR	ed when reinstating)	DATE			
12.		OFFICERS AND DIF	RECTORS		13,			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	DRS IN 12	
TITLE	PSTD			DELETE	1.1 ĭ	ITLE				☐ Change	Addition	
NAME	PUDER, MICHAEL	8			1.2 N	IAME						
STREET ADDRESS 7200 WEST CAMINO REAL BLV). STE 104 1.3 STREET ADDRESS			ADDRESS						
CITY-ST-ZIP BOCA RATON FL 33433						(1Y - S	1 - ZiP					
TITLE				DELETE	2.1 T					Change	Addition	
NAME					2.2 N	IAME						
STREET ADDRESS					2.3 \$	TREET	ADDRESS					
CITY-ST: ZIP					2.41	OITY-S	51 - ZIP					
TITUE				DELET€	3.1 T			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME					3.2 h	IAME						
STREET ADDRESS					3.3 S	TREET	ADDRESS					
CITY-ST-ZIP					3.4. 0	CITY-S	S1 - Z(P					
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NAME					4.21	NAME						
STREET ADDRESS					4.3 \$	TREET	ADDRESS					
CITY-ST-ZIP					4.4 0	ary-s	T-ZIP					
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NAME					521	AME					ĺ	
STREET ADDRESS					5 3 S	TREET	ADDRESS					
CITY-ST-ZIP	<u> </u>		· · · · ·		5.4 0	ITY-S	T-ZIP					
TITLE				DELETE	61 T	ITLE	I			Change	Addition	
NAME					62 N	IAME	ļ					
STREET ADDRESS					635	TREET	ADDRESS					

it this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the immontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that occeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name