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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000093399

1. Corporation Name

PUDER HOMES AT THE GROVE POD D. INC.

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Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		ABICE COCHE ILLES ILIIO	
7978 LAINA LN	C/O PUDER, M				
#3	8419 TWIN LAKE DR				
BOYNTON BCH FL 33437	BOCA RATON FL 33496		DO NOT WRITE IN 1	THIS SPACE	
US	US		3. Date Incorporated or Qualifed 12/08/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21	26	<u></u> :	65-0626780		t Applicable
10299 Utopia Circle West	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
Boynton Beach, FL 33437 -	City 9 State			Fee Re	
USA	City & State		6. Election Campaign Financing	\$5.00	
23 USA	28	Country	Trust Fund Contribution	Added to	o rees
24 25	— ·	30	This corporation owes the current year Personal Property Tax.		□No
9. Name and Address of Curre		[30]	10. Name and Address of New Registe		
S. Harris mile Harrison St. Centre		81 Name	19.		
PUDER, MICHAEL S					<u> </u>
8419 TWIN LAKE DR		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33496		83			
	/	84 City		FL 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.050	02 and 607 1508 Florida Statute	es the above-named corn	exetion pulpoits this statement for the purpos	o of changing its	registered
office or registered agent, or both in the State agent. I am familiar with, and accept the	of Florida. Such change was a	uthorized by the corporation	on's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. I am tamiliar with, and accept the ability	ations of Section 607 0505. Flor				
	1	ilda Statules.	•		
SIGNATURE			·		 -
SIGNATURE Signature, typed or proper wife of registered age	ant and title if applicable. (NOTE:	Registered Agent signature required	d when reinstating) OAT	E	
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6.4 CITY-ST-ZIP 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 suppliemental 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 or an attackment with an address, with all other like empowered.

SIGNATURE: