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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093428 (7)

PUDER HOMES AT THE GROVE POD C, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



7200 W CAMINO REAL BLVD STE 104 BOCA RATON FL 33433		7200 W CAMINO REAL BLVD STE 104 BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1995
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 797	8 Laina Lane	26 90 M. Hydel	-	65-0626779 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22 #3 27 8419 Twin			Lake Or	5. Certificate of Status Desired Fee Required
City & State 23 Boynton Beach, FL 28 Boca Rato			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 334			Country 0 4574	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
PUDER, MICHAEL S B1 Nam				
7200 W CAMINO REAL BLVD STE 104 BOCA RATON FL 33433				Address (P.O. Box Number is Not Acceptable) K 419 Twin Lake Or
Į			84 City	El 85 Zip Code
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 port, 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 any articipal obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	_///			
	Signature, typed or printed name of registered age			o required when reinstating) ONTE
12.	PSTD OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PUDER, MICHAELS	□ betere	1.2 NAME	The contract of the contract o
STREET ADDRESS	7200 W CAMINO REAL BLOO	STE 104	1.3 STREET ADDRESS	avia Twin Lake Or.
CITY-ST-ZIP	BOCA RATON N. 33433	31L 104	1.4 CITY-ST-ZIP	eyiq Twin Lake Dr. Boca Raton, FL 23496
TITLE	DOCH CATON 1 2 BOYSS	DELETE	2.1 TITLE	Change Addition
NAME		-	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 City-St-ZiP	
TITLE		☐ DELETE	31 TITLE	Change Addition
NAME I			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	1
TITLE		☐ DELET E	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	l !		5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

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 teport 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 fustee 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 attachmon with an address.