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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093830 (4)

IH SUNCOAST HOMES, INC.

W. 00140	onor nome.	5) WO.										
Principal Place of Business			Mailing Address						filiai bidii dalii dalii			CON IRCI
8401 JR MANOR DRIVE SUITE 100 TAMPA FL 33634			8401 JR MANOR DRIVE SUITE 100 TAMPA FL 33634-1400									
-								 Date Incorp 12/11/199 	oorated or Qualife 95		Date of Last R 07/02/1996	eport :
	lace of Business		2a. Mailing /	Address				4. FEI Numbe				oplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-3364235 Not Applicable \$8.75 Additional				
22			27					5. Certificate of	of Status Desired		\$0.75 A	
City & State			City & State					mpaign Financin		\$5.00		
Zip Country			Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.032,					
24	25	001 II. y	29		30	,	1	Florida Stat	·		Ible tax under s ☐ No	. 199.032,
9. Name and Address of Current Regis							1	10. Name and Address of New Registered Agent				
MCM	IICHAEL, WALTO	N H		*****	В	1 Name						
8401 JR MANOR DR, SUITE 200						2 Street A	Address	(P.O. Box Nun	mber is Not Acce	ptable)		
	E 1400 PA FL 33634			8	3 1	<u>.</u>	Circ	11/~~				
1740	1 A 1 E 00001						CTE	SWE	1400	_	lor l Zio	Code
					8	4 City				F	L 85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, o m familiar with, and	Sections 607.0502 at both, in the State of discount the obligation	Florida Such ons of, Section	change was a 607.0505, Fid	authorized t	by the corp	corpora oration'	tiori submits th s board of dire	is statement for the ctors. I hereby ac	he purpos ocept the	e of changing it appointment as	s registered registered
	Signature, typed or printe	d name of registered agent		ION		gent signature i	required w	hen reinstating)		DAT		
12.	D	OFFICERS AND		DELETE	13.		7	ADDITIONS/	CHANGES TO O	FFICERS	AND DIRECTOR Change	Addition
NAME	SUAREZ, JACK	'n		otter	1.1 TITLE 1.2 NAME	İ	ρ				C change	ME MORION
STREET ADDRESS		R DRIVE, SUITE 1	100			FT ADDRESS						
CITY-ST-ZIP	TAMPA FL 336		•		1.4 CITY	i						
TITLE	D			DELETE	2.1 1111.6		5				Change	Addition
NAME	MCMICHAEL, V				2.2 NAME	:						
STREET ADDRESS		R DRIVE, SUITE 1	100		2.3 STRE	ET ADDRESS		:				Į
CITY-ST-ZIP	TAMPA FL 336	34		DELETE	2. 4 City			· · · · · · · · · · · · · · · · · · ·			Change	I Addition
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TITLE			Ĺ	DELETE	5.1 TRILE						Change	☐ Addition
NAME					5.2 NAMI							
STREET ADDRESS						FT ADORESS						
CITY-ST-ZIP TITLE				DELETE	5.4 CITY 6.1 TITLE						Change	Addition
NAME			L	PERCIE	6.7 TITLE 6.2 NAM]					Vitaligo	HOURION
STREET ADDRESS						[1 ADDRESS						
CITY-ST-ZIP				\wedge	6.4 CHY							
	by certify that the in	nformation Applied	with this filing d	oes no qua	fy for the ex	emplion st	ated in	Section 119.07	'(3)(i), Florida Sta	tutes. I fo	rther certify that	the
Intormatio I am an o appears i	on indicated on this fficer or director of in Block 12 or Bloc	nformation (pipplied value) arinual region or sup the obspherion or the k 13 n observation, or d	priemental/inn vereseiver ur tr in av aylar hmei	ual report is t rustee empow nt with an add	irue and aci vered to exc dress.	curate and ecute this re	tnat my eport as	signature shall required by C	ii nave the same Chapter 607, Florid	iegai etted da Statute	ot as ii made uri is; and that my r	uer oath; that name