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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500093848

1. Corporation Name					•		
BRENTWOOD CUSTOM HOMES, INC.							
No. 25. Control House, Inc.					0 1001100: 1101 HILD HILL HILL HILL HILL HILL HILL HILL	101 33 11 10 101 10 3 111 0 1 1 0 111	Diagi ibir ibat
Principal Place of Business Mailing Address						\$10 30 118 \$01 30 15101 19171	#1881 (Bi) (BO)
402 S NORTHLAKE BLVD 402 S. NORTHLAKE BLVD.							
SUITE 1020 SUITE 1020							
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32			32701		DO NOT WRITE IN THIS SPACE		
บร		US			3. Date incorporated or Qualifed		Ì
		10- M:0- Add			12/11/1995 4. FEI Number		olical Con
2. Principal Place of Business		2a. Mailing Address			<u> </u>		
Suite Ant # etc		Suite, Apt. #, etc.		59-3346173	\$8.75		
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added		
Zip	Country	Zip	Country	<u> </u>	8. This corporation owes the current y		
24			30		Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	stered Agent	
			81	Name			: •
	ES, THEODORE D		82	Street A	ddress (P.O. Box Number is Not Acceptable)	· · · · ·	
28 W CENTRAL BLVD, SUITE 260			"	0	daress (F.O. Bex Hamber is Het Acceptable)		•
SUITE 500			83				
ORLANDO FL 32801			84	City		85 Zip (Code
			ļ			FL ` `	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the abov	e-named c	orporation submits this statement for the purp	ose of changing its	registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was a ons of, Section 607.0505, Fic	autnonzeo by orida Statute:	/ the corpor s.	ation's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen				nt signature req		DATE	
12,	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PIZZICA, FRANK J JR		1.2 NAME	-			
STREET ADDRESS	• · · · • · · · · · · · · · · · · · · ·			T ADDRESS			
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-5	ST-ZIP	STORY OF SERVICE SALES AND ADMINISTRATION OF SALES	Change	- Addition
TITLE	STD	☐ DELETE	2.1 TITLE	1		☐ Change	Addition
NAME	PIZZICA, LINDA G		2.2 NAME		المناسب الماسية الماسان	ر حصد محمد ر	~ .
_STREET_ADDRESS	_3473_OAK_KNOLL_POINT	رع معمرين مير المساورة الما الما الما		T ADDRESS -			
CITY-ST-ZIP	LAKE MARY FL 32746	□ DELETE	2.4 CITY-	ST-ZIP		☐ Change	☐ Addition
TITLE		M NETELE	3.1 TITLE			☐ Outside	
NAME		, =	3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	3.4. CITY-	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ 7 00111011]
NAME			4, 2 NAME				Ì
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		— Driete	4.4 CITY			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change	
NAME			1	TADDOCCO			
STREET ADDRESS				TADDRESS			{
CITY-ST-ZIP			5.4 CITY-5 6.1 TITLE	31-41		☐ Change	Addition
TITLE			6.2 NAME			Починдо	[, radioon
NAME				T ADDRESS		· ·	
STREET ADDRESS			= 0.00 mac				

6.4 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 supplemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

March 31,1999

407-332-8900

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90020 029 ***158.75

Daytime Phone #