Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90084 038 ***150.00

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 # P95000094276

1. Corporation Name

CENTUR	y 21 American Homes, I	NC.						
Principal Place	of Business	Mailing Address					Alfi Albia itati i	THIS BILL ISS
5120 CURRY FORD RD ORLANDO FL 32812 5120 CURRY FORD RD ORLANDO FL 32812						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 12/08/1995	<u> </u>	
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 59-3247830		plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- ,			5. Certificate of Status Desired	. \$8.75 A Fee Red	I
City & State		27 City & State				6 Election Campaign Financing	\$5.00	<u> </u>
23		28				Trust Fund Contribution	Added to	
Zip 24	Country Zip Co. 25 29 30			ountry 8, This corporation owes the current year Intangible Personal Property Tax. ▼Yes □ No				□No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
DAVA	C CHARLES E		81	1	Name			
DAVIS, CHARLES E 218 ANNIE ST				2	Street Addre	ss (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32806				3				
			84	4	City		85 Zip C	Code
			}	ł	•	FL	. '	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzea by	yτn	named corpo le corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its atment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Age	ent s	ignature required	when reinstating) DATE		 }
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D						☐ Change	☐ Addition
NAME	NEWSHUTZ, EVA	ļ	1.2 NAME		1			1
STREET ADDRESS	120 0011111 1 0112 112		1.3 STREET ADDRESS		DDRESS	·		1
CITY-ST-ZIP			1.4 CITY-ST-ZIP		ŽIP		Change	Addition
TITLE			2.1 TITLE				Change	L.J Addition
NAME				2.2 NAME				
STREET ADDRESS			2.3 STREET					}
CITY-ST-ZIP		☐ DELETE	2.4 C/TY- E 3.1 T/T/LE		ZIP		Change	Addition
TITLE		Dietere	3.2 NAME					
NAME			3.3 STREE		DDBESS			
STREET ADDRESS			3.4. CITY-		l l			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ETA	DORESS {			}
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE			5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS		•	5.3 STRE					
CITY-ST-ZIP	p 5.4		5.4 CITY-	5.4 CITY-ST-ZIP				

14. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME O SIGNING OFFICER OR DIRECTOR

☐ DELETE

Addition

Change