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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600007470 (3)

ULTIMATE HOMES OF FLORIDA, INC.

appears in Block 12 or Block 13 if changed, or on

Principal Place of Business		Mailing Address			4 JOODINGOL LILE OBSIGO DINIY OONIY OONIY OONIY OONIY BONIY NOONI HOONI HOONI HOONI HOONI				
6946 SUNNYBR	OOK BLVD.	6946 SUNNYBROOK BLVD) .						
SUITE A		SUITE A					Applied For Not Applied For Not Applied For Not Applicable \$8.75 Additional Fee Required Added to Fees Added to Fees Not International Part Not Applicable Sired		
ENGLEWOOD F	L 34224	ENGLEWOOD FL 34224-87	ENGLEWOOD FL 34224-8256			3. Date Incorporated or Qualified	2n Dal	to of Lack E	enort
		• .				01/24/1996	9 4. Da	o or Last I	ισροιτ
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u>-</u>	Ai	oplied For
21		26	26			195-003025	0	N ₁	ot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		•	
City & State	θ	City & State				6. Election Campaign Financing		\$5.00	May Ro
23		28				Trust Fund Contribution			
Zıp	Country	Zip	Count	ry		8. This corporation has liability for in	ntangible i	ax under s	. 199.032,
24	25	29	30						
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	listered A	gent	
	(Inson, Robert A		8	1 Name	9				
460 S. INDIANA AVENUE ENGLEWOOD FL 34223			8	2 Street	t Addres	s (P.O. Box Number is Not Acceptab	e)		
2110	LEWOOD I E OVERO		8	3					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•			8	4 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	ites, the abo	ve-name	d corpor	ation submits this statement for the p	Irpose of	changing i	ts registered
- office or r	registered agent, or both, in the Sta In familiar with, and accept the ob	ate of Florida. Such change was	authorized I	by the co	rporation	n's board of directors. I hereby accep	t the appo	intment as	registered
SIGNATURE		-ganaria ari adamari dari idadari t	TOTAL DEGLES						
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable (NO	TE: Registered A	gent signatur	re required	when reinstating)	DATE		·····
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	RS AND	DIRECTOF	RS IN 12
Tifle	D	☐ DELETE	1.1 1110					Change	Addition
NAME	RIOTTO, KEITH		1.2 NAM	£					
STREET ADDRESS	6946 SUNNYBROOK BLVD.		1.3 STRE	ET ADDRESS	. [
CITY-ST-ZIP	ENGLEWOOD FL 34224		1.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	2.1 TITU					Change	Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	et address	. [
CITY - ST - ZIP			2. 4 CiTY	-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAM	Ē	}				
STREET ADDRESS			3 3 STRE	et address	.				
CITY-ST-ZIP		·	3.4. CITY	-\$T- ZI P					
TITLE		☐ DELETE	4.1 TITLE			-		Change	Addition
NAME			4. 2 NAN	E					
STREET ADDRESS			4.3 STRE	et address					
CITY-S1-ZIP			4.4 CITY	ST-ZIP	1				
TITLE		☐ DELETE	5.1 TITLE			***************************************		Change	Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	et address					
CITY - ST - ZIP		····	5.4 CITY	ST-ZIP					
TITLE		DELETE	6.1 TITLE					Change	Addition
NAMÉ			6.2 NAM	Ē					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CHTY+ST-ZIP	<u></u>		6.4 CłTY	-ST-ZIP					
14. I do heret	by certify that the information supp	lied with this filing does not qual	lily for the ex	emption	stated in	Section 119.07(3)(i), Florida Statutes	I further	certify that	the
l am en o	flicer or director of the corporation	or the receiver or trustee empor	wered to exe	curate an ecute this	report a	y signature shall have the same legal is required by Chapter 607, Florida St	впест as atutes; an	וו made un d that my ז	aer oath; tha name