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 # P96000021258 (4)

AMERICAN DREAM CONSTRUCTORS, INC.

Mailing Address		
P.O. BOX 161375 ALTAMONTE SPRINGS FL 32716-1375		

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- comes un taue bien dant dant genie ablid tidet tibet tibet bilbi felt idet.		
126 GENEVIEVE DRIVE P.O. BOX 161375 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32716-1375						
		ALTAMONTE	ALTAMONTE SPRINGS FL 32716-1375		DO NOT HERE	DO HOT HIDITE IN THE OR LOT
					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified 03/05/1996	
2. Principal F	Place of Business	2a, Mailing A	ddress		4. FEI Number	Anatical Fac
21		26			59-3400904	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			¢0.75
22		27			5. Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	∱ —¬1		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ		Country	8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Age	nt		10. Name and Address of New Register	red Agent
G/	ARNER, JEFF			81 Name	1544 (SAMMER	
12	8 GEN EVIEVE DRIVE			82 Street Add		
AL	TAMONTE SPRINGS FL 32701			01 011001 200	ress (P.O. Box Number is Not Acceptable)	
				83		
						·
				84 City	1260	FL 85 35 765
11. Pursuant	to the provisions of Sections 07.0	502 and 607,1508, FI	orida Statutes,	the above-named corr	noration submits this statement for the nurse	co of changing its registered
Office or r	registered agent, or both, ib the Standard account the co	#: of Horida, Such of weatlons of Section 6	iango was auth 07 050% Elorid	norized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
		and one of the control of the	07.0.93, 1101d	e-Connection	. <u>1</u> //2	a/48
SIGNATURE	Signature, typed or printed name of the state of	agent and title if applicable	(NOTE Re	ngistored Agent signature requi	ired when reinstating)	08
12.		ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PDS		DELETE	1.1 TITLE		Change Addition
NAME	GARNER, JEFF			1.2 NAME		
STREET ADDRESS	126 GENEVIEVE DRIVE			1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	32701		1.4 CITY-ST-ZIP		
TITLE			DELETE	2 1 TITLE		Change Addition
NAME				22 NAME		-
STREET ADDRESS				2 3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY - ST - ZIP		
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			DELETE	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				5.4 CITY-ST-ZIP		
TITLE		П	DELETE	6.1 TITLE		Change Addition
NAME		<u></u>		6.2 NAME		C Cularide C Waliffoll
STREET ADDRESS						
			J	63 STREET ADDRESS		
CITY-ST-ZIP			1	6.4 DITY-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 attainment with an address.