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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031183

1. Corporation Name

IT'S YOUR HOME, INC.

Principal	Place	of Busines	SS
400 ELVO		Davie:	

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90132 009 ***150.00



•	e of Business	Mailing Address								
129 ELYSIUM DRIVE ROYAL PALM BEACH FL 33411 129 ELYSIUM DRIVE ROYAL PALM BEACH FL 33411										
			55411	•		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 04/04/1996				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Api	lied For
21 /2/	RAVEN LEVERT	26				65-0662269			Not	Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.				5. Certifc ate of Status Desired		,	. 75 A	ditional duired
City & Stat	Daniel Woman and	City & State				6. Election Campaign Financing		-		May Be
23 KDY191 Zip		28		-		Trust Fund Contribution				c Fees
24 3.3	Country 3 411 25 C1 SA	Zip 29	Cour	ntry		8. This corporation owes the current year		ngible Yes		[]No
24 3	9. Name and Address of Current		1301			Personal Property Tax. 10. Name and Address of New Registe				17140
				81	Name	10.				
	RVEY, ERNEST		}	-	<u> </u>	Last (D.C. Day M. Last All Market Mar				
	ELYSIUM DRIVE		i	82	Street Add	dress (P.O. Box Number is Not Acceptable)				
HOY	'AL PALM BEACH FL 33411		ţ	83						
			ì	84	City			85	Zip C	20de
				1	Oity		F⊩		2.p 0	
						poration submit a this statement for the purpo- tion's board of directors. I hereby accept the a				
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Fig	rida Statu	tes.	ie corporat	tions board of directors. Thereby accept the a	ibb viii	en	as reg	JI SICIOU
SIGNATURE										
40	Signature, typed or printed name of registered agent of DFFICERS AND			Agent	signature requi	ed when reinstating) DAT		- DIDI	CTO	D 2 (N) 42
TITLE	PSD	□ DELETE	13.	F		ADDITIONS/CHANGES TO OFFICER	S F NL	Cha		Addition
NAME	GARVEY, VICTORINE		1.2 NA		İ				2.15-2	
STREET ADDRESS	129 ELYSIUM DRIVE				DORESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 C/T							
TITLE	VPTD	☐ DELETE						Cha	ange	Addition
NAME	GARVEY, ERNEST		2.2 NA	ΜE	ı				•	
STREET ADDRESS	129 ELYSIUM DRIVE		2.3 STF	REETA	DDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		2. 4 CIT							
TITLE		☐ DELETE	3.1 7171					☐ Cha	ange	Addition
NAME	}		3.2 NA	иE						
STREET ADDRES 3			3.3 STF	REET A	DORESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	4.1 T/T	E.				Cha	ange	Addition
NAME			4.2 NA	ME	-					{
STREET ADDRESS			4.3 STF	REETA	DDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	5.1 TIT					☐ Cha	ange	Addition)
NAME			5.2 NA		1					
STREET ADDRESS			1		DDRESS					
CITY-ST-ZIP			5.4 CIT		ZIP _					
TITLE		☐ DELETE	6.1 TITL					Chá	ange	Addition
NAME			6.2 NA							
STREET ANNRESS			■ 6.3 STR	ELTA	DORESS					

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

Sales Our SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (R DIRECTOR

561 7956-40