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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 25 PM 12:21

DOCUMENT # P96000048591

1. Corporation Name
DREAMMAKER HOMES, INC.

Principal Place of Business	Mailing Address
15100 HUTCHISON RD TAMPA FL 33625 US	15100 HUTCHISON RD TAMPA FL 33625 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 11605 N. Nebraska Ave.
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip 24 33612 Country 25 USA

2a. Mailing Address
26 11605 N. Nebraska Ave.
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33612 Country 30 USA

3. Date Incorporated or Qualified
06/04/1996

4. FEI Number
NOT APPLICABLE
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

COHN, HOWARD R
9635-B BOCA GARDEN CIRCLE NORTH
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

B1 Name Steven A. Cohn
B2 Street Address (P.O. Box Number is Not Acceptable) 3330 Cheviot Dr.
B3
B4 City Tampa FL B5 Zip Code 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE X [signature] 2/24/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	[ ] DELETE
NAME	COHN, STEVEN A	
STREET ADDRESS	3330 CHEVIOT DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	PD	[ ] DELETE
NAME	BROWER, COREY G	
STREET ADDRESS	3332 WESTMORELAND DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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2-25-99

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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: X [signature] 2/24/99 (813)963-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #