

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054667 (6)**

1. Corporation Name  
**CORIAL HOMES, INC.**

Principal Place of Business

**13922 58TH ST N  
CLEARWATER FL 34620**

Mailing Address

**13922 58TH ST N  
CLEARWATER FL 34620**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	<b>33760</b>	29	<b>33760</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUTENBERG, ARTHUR  
13922 58TH ST N  
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name **Lori Garton**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13922 58th Street North**  
83  
84 City **Clearwater** **FL** 85 Zip Code **33760**

11. Pursuant to the provisions of Sections 607.0542 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  **/Lori Garton, Secretary** **1/12/98**  
Signature must be printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTENBERG, JANE B</b>	1.2 NAME	
STREET ADDRESS	<b>13922 58TH ST N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTENBERG, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>13922 58TH ST N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARTON, LORI A</b>	3.2 NAME	
STREET ADDRESS	<b>13922 58TH ST N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE:  **/Lori Garton, Secretary** **1/12/98** **813 536-5900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)