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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059511

1. Corporation Name

EAST LAKE HOMES, INC.

		_	
Principal	Place	of	Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

38880 US HIGHWAY 19 NORTH TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

3880 US HIGHWAY 19 NORTH TARPON SPRINGS FL 34689

May 04, 1999 8:00 am Secretary of State

05-04-1999 90026 027 ***150.00

	DO_NOT-WRI	TE:IN	THIS SPACE					
3.	Date Incorporated or Qualifed 07/16/1996							
4.	FEI Number		Applied For					
	59-3395054		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					

DUBOW, D R 583 PINE WARBLER WAY S

25

PALM HARBOR FL 34683

Country

9. Name and Address of Current Registered Agent

	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City FL 85 Zip Code						

8. This corporation owes the current year Intangible

Personal Property Tax.

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.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: if	Registered Agent signature required w	when reunstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTD DELETE	1.1 TITLE		Change	☐ Addition
NAME	DUBOW, DAVID R	1.2 NAME			
STREET ADDRESS	38880 US HIGHWAY 19 NORTH	1.3 STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP			
TITLE	□ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			ĺ
ì		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	DELETE	3.1 TITLE		☐ Change	Addition
}		3.2 NAME			
NAME		a l			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	□ pelete	3.4. CITY-ST-ZIP		Change	Addition
TITLE	- DECEIE	4.1 TITLE	بالمراجب المراجب		,
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			☐ Addition
TITLE	DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS	•	5.3 STREET ADORESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>		
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
		64 CITY-ST-7IP			

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 alactment with air address, with all other like empowered.

SIGNATURE:

KEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□No