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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name ---



DOCUMENT # P96000075778

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

02-23-1999 90086 043 ***150.00

FILED

KLEPPIN	GER HOMES, INC								
Principal Place	of Business	Mailing Address				1 140111801 170 (0110 01111 00111 01	erot 49 111 49 111 1		·
4203 LANAI DRIVE 4203 LANAI DRIVE									
SARASOTA FL 34241 SARASOTA FL 34241						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						09/11/1996			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26	26			65-0697674		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	
22		27						Fee Re	
City & State		⊢ '	City & State			6. Election Campaign Financing		\$5.00	
23		28	Countr			Trust Fund Contribution		Added 1	o rees
Zip	Country	Žip	Countr	у		This corporation owes the curl Personal Property Tax.	rent year int	angible □ Yes	□No
24	9. Name and Address of Cu		30			10. Name and Address of New	Registered		
	9. Name and Address of Cu	TIGHT NOSIBLETON ASSET	81	Nam	10	, w , are a ,			
KLEP	PPINGER, KERRY		82	<u> </u>		ss (P.O. Box Number is Not Accept		·	
	LANAI DRIVE		84	z pue	er vaale	is to .O. DOX Mulliber is Not Accept			
SARA	ASOTA FL 34241		83	3					
			84	4 City				85 Zip	Code
		•		1 1			<u> </u>		
		The LOCK AFOR Fleetile Otel to					numaca of	changing its	registered
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ot	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au oligations of, Section 607.0505, Flori	s, the abov thorized by ida Statute	ve-name y the cor s.	ed corpo rporation	ration submits this statement for the n's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
office or re agent. I ar	egistered agent, or both, in the Sim familiar with, and accept the ot	tate of Florida. Such change was au oligations of Section 607.0505, Flori	ida Statute	s.	rporation	as board of directors. Thereby acce	pt trie appor	ntment as re	gistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Sim familiar with, and accept the of	tate of Florida, Such Change was au oligations of Section 607.0505, Flori d agent and title if applicable. (NOTE:	ida Statute	s.	rporation	when reinstating)	DATE DATE	TRITTE AS TO	
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14. 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 or an attackment with an address with all other like empowered.

TYPES OF PRINTED NAME OF SKINNIG OFFICER OR DIRECTOR

SIGNATURE: