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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092869 (2)

1. Corporation Name

COVENTRY HOMES, INC.

Principal Place of Business

Mailing Address

11968 SEABREEZE COVE LANE
FORT MYERS FL 33908

11968 SEABREEZE COVE LANE
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

65-0712838

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 14360 LAGUNA DR. W. 25 14360 LAGUNA DR. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FT. MYERS FL.

24 Zip

33908

Country

25 LBB

27 City & State

28 FT. MYERS FL.

29 Zip

33908

Country

30 LBB

9. Name and Address of Current Registered Agent

KOTHE, E. RAY
11968 SEABREEZE COVE LANE
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 14360 LAGUNA DR. W.

84 City

FT. MYERS

FL

85 Zip

33908

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

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 NAME STREET ADDRESS CITY-ST-ZIP

D KOTHE, E. RAY
11968 SEABREEZE COVE LANE
FORT MYERS FL 33908

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MIOT, SANFORD B
ONE S.E. 3RD AVE, 15TH FLOOR
MIAMI FL 33131

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE 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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE

E. RAY

4/8/98 94/1192-2800

CR2E034 (10/97)