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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Moftham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P9700007682 (2)

KOI HOMES, INC.

FILED

May 01 1998 8:00am

Secretary of State

Principal Place of Business		Mailing Addre	Mailing Address				
4000 NORTH OCEAN DRIVE SUITE#102 SINGER ISLAND FL 33404			4000 NORTH OCEAN DRIVE Suite#102 Singer Island FL 33404				
						DO NOT INDITE IN THIS SPACE	DO NOT INDITE IN THIS SPACE
		SINGER ISD	IND FL 33404			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 01/27/1997	
9 Principal Pl	and of Business	2a, Mailing Ad	ddroee			4. FEI Number	Applied For
2. Principal Place of Business		H 3				65-0722416	Not Applicable
21 Suite, Apt. #, etc.		the control of the region of the control of the con	Suite, Apt. #, etc.			_ 60	.75 Additional
22		<u></u> -	27				ee Required
City & State			City & State				5.00 May Be
23		28	<u></u>				dded to Fees
Zip	Country	Zip	C	Country		8. This corporation owes or has paid the current ye	
24	25	29	30			Personal Property Tax due June 30. X Yes	
	9. Name and Address of Curr			· T · ·		10. Name and Address of New Registered Agent	······································
WA	RD, PHILIP H III,ESQ			81	Name		
	55 PALM BEACH LAKES BLVD			00	05-1-1	Address (D.O. D., M. adaptic No. Adaptic)	
	ITE #1000			82	Street	Address (P.O. Box Number is Not Acceptable)	
	ST PALM BEACH FL 33401			83	 	*	
***	OT TALIN BEACHTE COTOT						
				84	City	FL 85	Zip Code
dd. Dura yout t	o the provisions of Cost one COZ 8	02 and C07 1500 E1	ovida Ptotulas tha	- Chau	nemad	corporation submits this statement for the purpose of chan-	ning its registered
office or re	egistered agent, or both, in the Sta	te of Florida, Such et	iande was authori	zed by	the corr	poralion's board of directors. I hereby accept the appointment	ont as registered
agent. I ar	n familiar with, and accept the obt	gations of, Section 6	07.0505, Florida S	Statutes	S.		
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered a	ND DIRECTORS			ont signature	Prequired when reinstating) DATE APPLICATION OF TO DEFINE TO AND DIRECTOR AND DIR	OTODO IN 40
12.	OFFICENS A			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	
1		اسا				Donna Lawler	ange E3 Addition
NAME			1.2 NAME			4000 N. Ocean Drive #102	45/586
STREET ADDRESS			1.3 STREET ADDRESS			Singer Island, FL 33404	esi /cc
CITY-ST-ZIP				4 CITY-S	T-ZIP		anna M Addition
TITLE		لسا	_	I		DAVID A. MURRYSU DI	nange 🗶 Addition
	NAME		2.2 NAME			4000 V) OCCHOP DE #105 11	PITTOLL
	TREET ADDRESS				ADDRESS	Susa Is, A. 33404 VI	17 1100-11
CITY-ST-ZIP				4 CITY-	ST-ZIP		
TITLE				1 TITLE		L C1	nange 🗀 Addition
NAME				2 NAME			
STREET ADDRESS			. 33	3 STREET	ADDRESS		
CITY-ST-ZIP				4. CITY-	ST-ZIP		
TITLE		LJ	DELETE 4	1 TITLE		☐ Cr	iange 🔲 Addition
NAME			4.	2 NAME			ŀ
STREET ADDRESS			4.3	3 STAEET	ADDRESS		ł
CITY-ST-ZIP				4 CITY - S	T-ZIP		
TITLE			DELETE 5	TITLE		☐ CF	iange 🔲 Addition
NAME			5.:	2 NAME			
STREET ADDRESS			5.3	3 STREET	address		
CITY-ST-ZIP			5.0	4 CITY - S	T-ZIP		
TITLE			DELETE 6.	1 TITLE		☐ cr	ange 🔲 Addition
NAME			6.3	2 NAME			
STREET ADDRESS					ADDRESS		ļ
CITY-ST-ZIP				4 CITY - S			

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 arrival 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 in Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in Chapter 607.

010111

MANUEL A CHERLY

4/12/98

521-844-9581