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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011899

CITY-ST-ZIP

MERCEDES PREMIER HOMES, INC.

Principal Place	of Business	Mailing Address				1 10015001 110 10117	14411 34111 4411			
6767 N. WICKHAM ROAD		6767 N. WICKHAM ROAD								
SUITE 500		Suité 500 Melbourne fl 32940				DO NOT WRITE IN THIS SPACE				
MELBOURNE FL 32940 MELBOURNE		MELBOURNE PL 32540	4E FL 32940			3. Date Incorporated or Qualifed				
					-	02/04/1997				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			11.	Applied For
21		26				59-3517564				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status	Desired		\$8.75	Additional
22		27				5. Certificate of Status	Desired		Fee	Required
City & State	9	City & State				6. Election Campaign	Financing			0 Мау Ве
23	4-44-64-11-1	28				Trust Fund Contribu	ıtion		Adde	d to Fees
Zip	Country	Zip	Coun	try		8. This corporation ow		int year Inta		
24	25	29	30			Personal Property 1			Yes	□No
	9. Name and Address of Curre	nt Registered Agent		1 Name		10. Name and Addres	S Of New K	egistered /	Agent	
RUE	SCHER, KEITH			, Mairie	•				_	
	' N. WICKHAM ROAD		1	Street	t Address	(P.O. Box Number is N	Not Acceptal	ble)		
	E 500		-	33						
	BOURNE FL 32940									
***************************************			1	34 City				FL	85 Zi	p Code
44 0	to the provisions of Sections 607.05	02 and CO7 1508 Florida Stat	utae tha ah	we named	1 cornora	tion submits this statem	ent for the r	nurnose of	changing	its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized t	by the corp	oration's	s board of directors. I he	reby accept	the appoir	tment as	registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, F	ionda Statut	es.						
SIGNATURE	Signature, based or printed name of registered ad	ent and title if applicable. (NO	TE: Registered A	gent signature	required wh	nen reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO NO DIRECTORS	TE: Registered A	gent signature	required wh	nen reinstäting) ADDITIONS/CHANG	ES TO OFF		D DIREC	TORS IN 12
					required wh		ES TO OFF		D DIREC	
12.	OFFICERS A	ND DIRECTORS	13.	E	required wh		ES TO OFF			
12.	OFFICERS A	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	E			ES TO OFF			
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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 of suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida statutes; and that my name appears in Block 12 or Block 1/3 if chair

6.4 CITY-ST-ZIP

SIGNATURE:

MELBOURNE FL 32940