

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90080 024 ***150.00

DOCUMENT # P97000011899

1. Corporation Name

MERCEDES PREMIER HOMES, INC.

Principal Place of Business

6767 N. WICKHAM ROAD
SUITE 500
MELBOURNE FL 32940

Mailing Address

6767 N. WICKHAM ROAD
SUITE 500
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

4. FEI Number

59-3517564

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

BUESCHER, KEITH
6767 N. WICKHAM ROAD
SUITE 500
MELBOURNE FL 32940

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

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 DP
NAME BUESCHER, KEITH
STREET ADDRESS 812 OAK PARK DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

☐ DELETE

TITLE DV
NAME BUESCHER, SCOTT
STREET ADDRESS 743 GLENGARRY DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

☐ DELETE

TITLE D
NAME GIRARD, SUSAN
STREET ADDRESS 898 OAK PARK DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

☐ DELETE

TITLE D
NAME SWAIN, LINDA
STREET ADDRESS 533 PINE MEADOW DRIVE
CITY-ST-ZIP DEBARRY FL 32713

☐ DELETE

TITLE D
NAME YELLAND, RONALD
STREET ADDRESS 5320 CHESWICK CIRCLE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE T
NAME KUSH, ROBERT M
STREET ADDRESS 837 OAK PARK DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)