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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000028612 1. Corporation Name

LOVELY HOMES, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90222 002 ***150.00



Principal Place of Business Mailing Address									• • • • • • • • • • • • • • • • • • • •	
610 16TH AVE. 610 16TH AVE. VERO BEACH FL 32962 VERO BEACH FL 32962							DO NOT WRITE IN THIS	SDAC!	F	
							3. Date Incorporated or Qualifed	3FACI		
							03/27/1997			ļ
• Dringing D	tops of Business	10-	Mailing Address				4. FEI Number	$\neg \top$	Anr	olied For
	Place of Business 2a. Mailing Address 26						65-0743356	Not Applicable		
Suite, Apt.	# atc		Suite, Apt. #, etc.		-			\$8		dditional
' '	#, C IC.	27	outo, ript. II, cto.				5. Certificate of Status Desired	•	ee Re	
City & State	Θ		City & State		_		6. Election Campaign Financing	\$5	00	May Be
23	-	28	• ,				Trust Fund Contribution			Fees
Zip	Country		Zip	Country	y		8. This corporation owes the current year Inta	ngible		
24	25	29	· [30				₹ ĬYe:		□No
	9. Name and Address of Curre				_		10. Name and Address of New Registered A	gent		
				81	ı	Name				
HEISLER, JOHN					٠.	C1 1 1 1 1 1	Address (P.O. Box Number is Not Acceptable)			
610 16TH AVE.				82	ٔ ا	Street Addre	ass (P.O. Box Number is Not Acceptable)			
VER	O BEACH FL 32962			83	3					
					┸			T-T	7: 6	
				84	'	City	FL	85	Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig.	of Florida	ı. Such change was aı	uthorized by	/ th	ne corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	tment	as reg	jistered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if	applicable. (NOTE:	Registered Age	ent si	signature required	when reinstating) DATE			
12.	OFFICERS A	ND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D		☐ DELETE	1.1 TITLE				Ch	ange	Addition Addition
NAME	HEISLER, JOHN			1.2 NAME						
STREET ADDRESS	610 16TH AVE.			1.3 STREE	ET AC	DDRESS				
CITY-ST-ZIP	VERO BEACH FL 32962			1.4 CITY-5	ST-Z	ZIP				·
TITLE	D		☐ DELETE	2.1 TITLE				□ Ch	ange	Addition
NAME	PIROZZOLI, JOSEPHINE			2.2 NAME						
STREET ADDRESS	610 16TH AVE.		•	2.3 STREE	TAL	DORESS				
CITY-ST-ZIP	VERO BEACH FL 32962			2.4 CITY-	ST-	ZIP				
TITLE			☐ DELETE	3.1 TITLE				☐ Ch	ange	☐ Addition
NAME				32 NAME		f				
STREET ADDRESS				3.3 STREE	ET AE	DORESS				
CITY-ST-ZIP				3.4. CITY-	ST-2	ZIP				·
TITLE			☐ DELETE	4.1 TITLE				Ch	алде	☐ Addition
NAME				4, 2 NAME	=					
STREET ADDRESS				4.3 STREE	ET AI	DDRESS				
CITY-ST-ZIP				4.4 CITY-5	ST-Z	ZIP				
TITLE			☐ DELETE	5.1 TITLE				Ch	ange	Addition Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	ET AI	DDRESS				
CITY-ST-ZIP				5.4 CITY-5	ST-Z	ZIP		_		
TITLE			☐ DELETÉ	6.1 TITLE				Ch	ange	☐ Addition
NAME				6.2 NAME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS

CITY-ST-ZIP

561-563-9377