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

SIGNATURE:

Mar 19 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000033599 (6) **DURA-CRAFT HOMES, INC.** Principal Place of Business Mailing Address 12745 LAKE RIDGE CIR 12745 LAKE RIDGE CIR CLERMONT FL 34711 CLERMONT FL 34711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997 Principal Place of Business
11401 Jardim Orlando Court 2a. Mailing Address 4. FEI Number Applied For 11401 Jardim Onlando 59-344784 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Clermon Trust Fund Contribution Added to Fees Country USA Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent NEHMATALLAH, JOSEPH 12745 LAKE RIDGE CIR Street Address (P.O. Box Number is Not Acceptable) CLERMONT PL 34711 11401 Jardim Orlando 83 Clermont 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE INO16 Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. President / Directa 1.1 TUTLE Change Addition TITLE Joseph Nehmatallah NAME 12 NAME Cler mont, Fl 34711
Scretary, Treasure &/ DILLE DIENT Hasna Neh matallah
11401 Jardim Orlando Ct. STREET ADDIRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition C2.1 TITLE TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS Clermont, RI 34711 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TIME NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY + ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-S1-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREE1 ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I heroby corbly 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 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 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.

**FILED** 

3/10/98 (352)242-0072