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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000037547**1. Corporation Name

EII ETHVIE	E HOMES, INC.					1					
Principal Place	e of Business	Mailing Address					1 (8)	W ILE NI 15 0 (B 511 1 00 1) (INDIANA KARA ÁBRI	ii ()1() (ii(i) (1)()	# (#) (#) (#)
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US US							DO NOT WRITE IN THIS SPACE				
						3.		corporated or Qu	alifed		
					_		04/28/				
2. Principal Pl	lace of Business	2a. Mailing Addres				_	FEI Nun			·	plied For
21 772	3 CAMERON CIR	26 7723		HX.	W (JR_	65-070	<u>65131</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	itc.			5.	Certifca	te of Status Desi	red 🔲 -		Additional equired
22		27									·
City & State	e	City & State				6.		Campaign Finar	ncing 🗀		May Be to Fees
23		28		ountry				and Contribution			io rees
Zip	Country	Zip		ountry		8.		rporation owes th	e current year ii	Tangible ☐ Yes	Mo
24	25	[29]	30	₁		10		al Property Tax.	New Registere		J
	9. Name and Address of Currer	nt Registered Agent		81	Name		1101110	Addidoo o			
NUN	EZ. WILLIAM										
	SO HICKORY RUN LN			82	Street	Address (F		Number is Not A			
	AYERS FL 33961			83	1	ldo		4MBROI	U UK	· - ·	
۱۱۱۷ مر	11 ENG 1 E 30301			83							
				84	City					85 Zip	Code
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office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations.	⊦of Florida. Such chang	e was authoriz	zed by	the corpo	oration's b	oard of di	irectors, I hereby	ассерт тпе арр	oniunent as re	gistered
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14. 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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR