

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

05-24-1999 90012010 ***150.00
 FR97000038281
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -1 PM 3:10

DOCUMENT #
 1. Corporation Name

P97000038281

ZARL HOMES, INC.

Principal Place of Business

Mailing Address

**325 MEARS BLVD.
 OLDSMAR, FL 34677**

**325 MEARS BLVD.
 OLDSMAR, FL 34677**

REINSTATEMENT 98-99
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date incorporated or Qualified

4/28/97

4. FEI Number

59-3444377

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

9. Name and Address of Current Registered Agent

**MICHAEL W. RENDE
 401 FAIRVIEW RD.
 BELLEAIR, FL 34616**

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. Each 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

Michael W. Rende

Michael W. Rende

4/13/99

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DELETE

NAME

P CHARLES W. ALDRICH

STREET ADDRESS

920 PORTER DR.

CITY-ST-ZIP

LARGO, FL 33771

TITLE

DELETE

NAME

VP E. MICHAEL SZAROWICZ

STREET ADDRESS

261 RUE DES CHATEAUX

CITY-ST-ZIP

TARPON SPRINGS, FL 34689

TITLE

DELETE

NAME

VP DANIEL P. SZAROWICZ

STREET ADDRESS

1844 LAGO VISTA BLVD.

CITY-ST-ZIP

PALM HARBOR, FL 34685

TITLE

DELETE

NAME

VP ROBERT W. LUETH

STREET ADDRESS

295 FLORIDA AVE.

CITY-ST-ZIP

CRYSTAL BEACH, FL 34681

TITLE

DELETE

NAME

S MICHAEL W. RENDE

STREET ADDRESS

401 FAIRVIEW RD.

CITY-ST-ZIP

BELLEAIR, FL 34616

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

300003006553

-10/05/99-01115-0128

*****758*****

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PA 10/4

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 as an attachment with an address with all other like empowered

SIGNATURE:

Michael W. Rende

Michael W. Rende

4/13/99

(813) 818-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

0004 (1198)