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

NAME

STREE | ADDRESS

SIGNATURE:

CITY-S1-ZIP

FILED Aug 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **GORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **-19**98 P97000068513 (5) DOCUMENT # LEONARD ALBANESE LUXURY HOMES, INC. III Principal Place of Business Mailing Address 551 NW 77 ST. 551 NW 77 ST. **BOÇA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name ALBANESE, LEONARD A 551 NW 77 ST. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487 B4** City 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. (NOTE Registered Agent signature required when reinstating 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-S1-7IP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 THLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-7IP 2 4 CHTY-ST-ZIP Addition TITLE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-7IP 3.4. CITY- ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE 700002625024 Phange TITLE 5.1 TITLE NAME -08/26/98--01004--044 ***150.00 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-7IP 5.4 CITY-ST-ZIP DELFTE. Addition TITLE 6.1 TITLE

6.2 NAME

14. Thereby 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 eath; 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.

6.3 STREET ADDRESS

561-994-1376