

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OCTOBER 31, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM FINE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV -3 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

DOCUMENT # **P97000074514**

1. Corporation Name

All New Homes of St. Augustine, Inc.

Principal Place of Business

Mailing Address

13121 Eason Island Ct.
Jacksonville, FL 32224-8407

13121 Eason Island Ct.
Jacksonville, FL 32224-8407

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0790462 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | Trust Fund Contribution | | <input type="checkbox"/> | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Country | | Personal Property Tax due June 30. | | | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

Bacon, Bacon, Johnson & Goddard, P.A.
David A. Bacon, Esquire
P.O. Box 13576
St. Petersburg, FL 33733-3576

10. Name and Address of New Registered Agent

81 Name
Neil Wein
82 Street Address (P.O. Box Number is Not Acceptable)
13121 Eason Island Ct.
83
84 City
Jacksonville FL 85 Zip Code
32224

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.

SIGNATURE Neil Wein

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/28/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|-------------------------------------------------------|--|
| TITLE | Pres/Director | 1.1 TITLE | |
| NAME | Neil Wein | 1.2 NAME | |
| STREET ADDRESS | 13121 Eason Island Ct. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Jacksonville, FL 32224-8407 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: Neil Wein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/98

Date

1-904-867-4663

Date

CR2E034 (5/98)