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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084406 (2)

ASHLEYS HOMES, INC.

**FILED** Feb 26 1998 8:00am Secretary of State



| Principal Plac  | e of Business                                    | Mailing Addr              | ess  |                                |                  |   | IEBE ŞAHIN ÇABIN OLDIK | 14 MI 1 MI            |
|---|--|---------------------------|--|--------------------------------|------------------|---|------------------------|-----------------------|
|   | 3RD STREET<br>BEACH FL 33609                     |                           | 1450 S.W. 3RD STREET<br>POMPANO BEACH FL 33609 |                                |                  | DO NOT WRITE IN TH                        | IIS SPACE              |                       |
|   |  |                           |  |                                |                  | 3. Date Incorporated or Qualified         |                        |                       |
| Dringing I D  | lace of Business                                 |                           |  |                                |                  | 09/29/1997                                |                        |                       |
|   | lace of business                                 | <b>├─</b> `               | 2a. Mailing Address                            |                                |                  | 4. FEI Number                             |                        | oplied For            |
| Suite, Apt.   | # pic  | Suite Aut                 | Suite, Apt. #, etc.                            |                                |                  | 65-0786769                                |                        | ot Applicable         |
| 22  | w, etc.  | 27                        | י י  |                                |                  | 5. Certificate of Status Desired          | •                      | Additional<br>equired |
| City & State  | ө  |                           | City & State                                   |                                |                  | 6. Election Campaign Financing            |                        | May Be                |
| 23  |  | 28                        | 3]   |                                |                  | Trust Fund Contribution                   |                        | to Fees               |
| Zip   | Country  | Zip                       |  | Country                        | '                | 8. This corporation owes or has paid the  | current year Ini       | angible               |
| 24  | 25   | 29                        | 30   |                                |                  | Personal Property Tax due June 30.        |                        | □No                   |
|   | g, Name and Address of Curre                     | ent Registered Ager       | t  |                                |                  | 10. Name and Address of New Register      | ed Agent               |                       |
|   | Sydorko, Bernadette e                            |                           |  | 81                             | Name             |   |                        |                       |
|   | 450 S.W. 3RD STREET                              |                           |  | 62                             | Street Add       | dress (P.O. Box Number is Not Acceptable) |                        |                       |
| ۲   | POMPANO BEACH FL 33609                           |                           |  | 83                             | ·                |   |                        |                       |
|   |  |                           |  | ļ                              |                  |   |                        |                       |
|   |  |                           |  | 84                             | City             | F   | L 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. |  |                           |  |                                |                  |   |                        |                       |
| SIGNATURE   |  |                           |  |                                |                  |   |                        |                       |
|   | Signature typed or printed name of registered as |                           |  |                                | nt signature req | ulred when reinstating) DAT               |                        |                       |
| TITLE   | D OFFICERS AF                                    | NO DIRECTORS              |  | 13.                            |                  | ADDITIONS/CHANGES TO OFFICERS A           |                        |                       |
| NAME  | SYDORKO, BERNADETTE                              | _                         |  | 1.1 TITLE                      |                  |   | Change                 | ☐ Addition            |
|   | 1450 S.W. 3RD STREET                             | E .                       |  | 1.2 NAME                       |                  |   |                        |                       |
| STREET ADDRESS  | POMPANO BEACH FL 336                             | ino.                      |  |                                | ADDRESS          |   |                        | ·                     |
| CITY-ST-ZIP<br>TITLE  | TOMINIO DENOTTE 330                              |                           |  | <u>1.4 CITY-S</u><br>2 1 TITLE | 1-219            |   | Change                 | Addition              |
| NAME  |  |                           |  | 2.2 NAME                       | ļ                |   | C. Criange             |                       |
| STREET ADDRESS  |  |                           |  | 2.3 STAFET                     | ADDDCCC          |   |                        | i                     |
| CITY-ST-ZIP   |  |                           |  |                                |                  |   |                        | ļ                     |
| TITLE   |  |                           |  | 2. 4 C(TY-5<br>3.1 TITLE       | 1-21             |   | ☐ Change               | Addition              |
| NAME  |  | <del></del>               |  | 3.2 NAME                       |                  |   |                        |                       |
| STREET ADDRESS  |  |                           |  | 3.3 STREET                     | ADDRESS          |   |                        |                       |
| CITY-ST-ZIP   |  |                           |  | 3.4. CITY - S                  |                  |   |                        |                       |
| TITLE   |  |                           | 00.000   | 4.1 TITLE                      |                  |   | Change                 | Addition              |
| NAME  |  |                           |  | 4.2 NAME                       |                  |   |                        |                       |
| STREET ADDRESS  |  |                           | i .  | 4.3 STREET                     | ADDRESS          |   |                        |                       |
| CITY-ST-ZIP   |  |                           |  | 4.4 CITY-S                     | - 1              |   |                        |                       |
| TITLE   |  |                           |  | 5.1 TITLE                      |                  |   | ☐ Change               | Addition              |
| NAME  |  |                           |  | 5 2 NAME                       | [                |   | -                      |                       |
| STREET ADDRESS  |  |                           | I s  | 3 STREET                       | ADDRESS          |   |                        |                       |
| CITY-ST-ZIP   |  |                           |  | 5.4 CITY-S                     | - 1              |   |                        |                       |
| TITLE   |  |                           |  | 5.1 TITLE                      | Ť                |   | ☐ Change               | Addition              |
| NAME  |  |                           |  | 5.2 NAME                       |                  |   |                        |                       |
| STREET ADDRESS  |  |                           |  | S.3 STREET                     | ADDRESS          |   |                        |                       |
| CITY-ST-ZIP   |  |                           |  | 5.4 CITY - S                   | r-ZiP            |   |                        |                       |
| 44 I horoby o   | ortifu that the internation of the last          | Set. At the At the Second |  |                                |                  |   |                        |                       |

I nereby 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 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.