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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 P97000086387 (2) DOCUMENT # A & M HOMES AND INVESTMENTS. INC. Mailing Address Principal Place of Business 2336 CHADWICK CIRCLE 2336 CHADWICK CIRCLE KISSIMMEE FL 34746 KISSIMMEE FL 34748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 3A73315 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 \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MUNOZ, MARITERE 2336 CHADWICK CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 85 Zip Code 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition TITLE DELETE 1.1 TITLE Change MUNOZ, MARITERE NAME 1.2 NAME 2336 CHADWICK CIRCLE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIF 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - ST - ZIP DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 of 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 changes or on all this highest statutes.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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Mar 30 1998 8:00am