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

PROFIT CORPORATION ANNUAL REPORT

1998.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham - ***

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000087015 (8)

JM CUSTOM HOME CORPORATION

FILED Mar 11 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		t 1861981 118 58112 18611 66111 66111 86111 6618, 1611 5618 1611 6618 1611 611	
660] LYON	S RD., STE. D-1	6601 LYONS RD., STE.			
COCONUT CREEK FL 33073		COCONUT CREEK FL 3	3073	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	·
				10/07/1997	
	lace of Business	2a. Mailing Address		4 FEI Number	Applied For
21 3214	NE 27 Torrac		Terrace	65-0787558	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		28 Lighthause	O+	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 43 LX (Country	710	Country	8. This corporation owes or has paid the	Added to Fees
3306	> 25 Brown	1 29 33043	30 Broward	Personal Property Tax due June 30.	Yes No
	9. Name and Address of C			10. Name and Address of New Register	
M	ORGAN, JAMES M		81 Name	5 . M M.	
6601 LYONS RD., STE. D-1 82 Street Address (P.O. Box Number if Not Acceptable)					
	OCONUT CREEK FL 33073	NE 37 TENTALE			
			83		
			84 City , -	. / 1	85 Zip Code /
			1 2 6	thouse Pt. 1 F	3306Y
11. Pursuant t	to the provisions of Sections 60	17.0502 and 607.1508, Florida Statute	es, the above-named co	rporation submits this statement for the purpos	e of changing its registered
agent La	m familiak with, and accept the	obligations of, Section 607.0505, Flo	rida Statutos.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	James M. 1	No rep~		2/22	/28
	Signatum: Typesfor protest name of mask	re Engel Coll-Etille Especiable (NOTE		uired when reinstating) DAI	NID DIDECTORS III 40
12.	OFFICER	IS AND DIFIE CTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME		Land to the said	N. Surfer	RESIDENT DAMES MI MORGAN	C change C4 vocation
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •	•	1.3 STREET ADDRESS	214 NE 27 TERRACE	
CITY-ST-ZIP				IGHTHOUSE POINT, FL	33064
TITLE		DELETE	21 TITLE		Change Addition
NAME		_	2.2 NAME		_ • •
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City - St - ZiP		,
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 THTLE		Change Addition
NAME			4 2 NAME		ļ
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	51 TITLE	A	Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS	M) 21 /21	
CITY-ST-ZIP		Others	5.4 CiTY-ST-ZIP	6W 3/11/9X	
TITLE		☐ DELETE	6.1 TITLE	sobobeăse:	Change Addition
NAME			6.2 NAME	9000024534 -03/11/9801008	[022] T
STREET ADDRESS			6.3 STREET ADDRESS	***158.75	
CITY-ST-ZIF	artific that the intermetion mand	lice in the third bland done and qualify for	6.4 CHY-ST-ZIP	n Section 119 07/3Vi) Florida Statutos I further	r cordifu that the information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this armuel report or supplemental armuel 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 reflexion of trusted 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 available the other with an address.