BATWEST HOMES, INC.  Principal Place of Business Principal Place of Business Port MYERS FL 33828 DO NOT WAITE IN THIS SPACE PORT MORE DO NOT DO NOT WAITE IN THIS SPACE PORT MORE DO NOT PORT WAITE IN THIS SPACE PORT MORE DO NOT PORT WAITE IN THIS SPACE PORT MORE DO NOT PORT WAITE IN THIS SPACE PORT MORE DO NOT PORT WAITE IN THIS SPACE PORT MORE DO NOT PORT WAITE IN THIS SPACE PORT MORE DO NOT PORT WAITE IN THIS SPACE PORT MORE DO NOT PORT WA	D		OR BEFORE 09/15/9 OFIT RATION REPORT 99	9: \$550 (IF DISSOLVE	Kather Secreta DIVISION OF	TO REINSTATE: \$750). RTMENT OF STATE ine Harris ry of State CORPORATIONS	FILED Aug 10, 1999 8:00 am Secretary of State 08-10-1999 90020 018 ***550.00	
Principal Place of Buildings         Mailing Address           2. Phylograph Place of Buildings         2.           2. Date incorporated or Country         5.000, Apt. 4, etc.           2. Date incorporation resolution         5.000, Apt. 4, etc.           2. Date Apt. 4, etc.         5.           2. Date Apt. 4, etc.         5.           2. Date Apt. 4, etc.         5.           2. Date Address of New Registance Agent         1.           3.         Neme and Address of Current Registance Agent         1.           NAUMARN, MARK C         1.           1. Tasks Build Control of Status Dates         1.           2. Do Country         2.         0.           3.         Neme and Address of New Regigitance Agent           NUL	•.	•					. A MARKANA KANA KANA KANA KANA KANA KANA KAN	=
Image: Process Place of Business       2a       Amiling Address       4 FEH Aminber       Image: Applied Fer.         Solah, Apil, #, etc.       2a       Solah, Apil, #, etc.       5. Configure Desired       98,75 Applicate         Solah, Apil, #, etc.       2a       Solah, Apil, #, etc.       5. Configure Desired       98,75 Applicate         City A State       2a       2b       5. Configure Desired       98,75 Applicate         Zip       2a       Country       2b       The Country       Accountry       85,00 May Be         Zip       2b       Country       2b       Country       8. This conportation count pream function       Account pream         NALMANN, MARK C       10       Name and Actives of New Registered Agent       91       Name and Actives of New Registered Agent         NALMANN, MARK C       11       Name and Actives of New Registered Agent       92       93       100         Totage or applied agent, or tota, in the State of Fords. Subbase, the abeard coopcordion submits the abaneant for the registered agent.       104       104         StOAN TURE       PD       OFFCERS AND DIRECTORS       13       ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 120         StOAN TURE       The PO       OFFCERS AND DIRECTORS       13       ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 120	174	499 MCGREGOR	BLVD.		17499 MCGREGOR BLVD.		DO NOT WRITE IN THIS SPACE	1
21       27		Principal Place (	of Business		٦ Č		10/13/1997 4. FEI Number Applied For	
City & State       City & State       C. Election property       St. Ob May Be Added to Frees         20       20       Country       20       Country       Added to Frees         28       29       20       Country       8. The compation owes the current year uninangitive Personal Property.       Ves       too         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address (P.O. Box Number is Not Acceptable)       10. State       10. Name and Address of New Registered Agent       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name and Address (P.O. Box Number is Not Acceptable)       10. Name an			<b>3.</b>	27	¬ · · ·		E Contificate of Statue Decired	
ZD       Country       ZD       Country       S. This conjustion overs the current year inhanable Person Property.       Ves       No         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         11. Parturant to the provision of sections 807 / 502 and 607 / 1026. First Agent Statutes, the above-named conportation submits this statement for the purpose of changing its registered agent and familiar with, and accept the obligations of sections 607 / 502. First Agent Statutes, the above-named comportation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of actions 607 / 503. First Agent Statutes, the above-named comportation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of actions 607 / 503. First Agent Statutes, the above-named comportation submits this statement for the purpose of changing its registered agent and familiar with, and accept the obligations of actions 607 / 503. First Agent Statutes, the above-named comportation submits in the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of actions 607 / 503. First Agent Statutes, the above-named comportation submits in the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of actions 607 / 503. First Agent Statutes, the above named agent and information and agent and and the registered Agent (and familiar with and accept the obligations of actions 607 / 503. First Agent Statutes, the advect Agent A		City & State		28	¬ ·			
P. Name and Address of New Registered Agent     NAUMANN, MARK C     17499 MCGREGOR BLVD.     FORT MYERS FL 33908     The decay to protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and of address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and address of Address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and address of Address of Address of Address of Address of Address of Address (P.O. Box Number is Not Acceptable)     Biglioux, syster protect and address of Address		Zip		ry	Zip	F-1 '		
NAUMAIN, MARK C       17499 MCGRESOR BLVD.         FORT MYERS FL 33008       42         Street Address (P.O. Box Number is Not Acceptable)         63         64         65         66         67         68         69         69         60         60         61         62         63         64         64         65         66         67         68         69         60         60         61         62         63         64         64         65         66         67         70         70         70         70         70         70         70         70         71         71         71         71         71         71         71         71         71         71        <		9.						
office or registered agent, or both, in the State of Florida. Stuck change was subforzed by the corporation's board of directors. I hereby accept the appointment as registered agent and take registered agent and accept the biologications of years.         SIGNATURE	11.	17499 M FORT M	ICGREGOR BLV YERS FL 33908	tions 607 0502 and	607 1508 Florida Statute	83 84 City	FL 85 Zip Code	
12.       OFFICERS AND DIRECTORS       13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         TITLE       PD       DELETE       11 TITLE       Change       Addition         NAME       IT499 MCGREGOR BLVD.       13 STREET ADDRESS       ISTREET ADDRESS       IA GTIY-ST 2P       IA GTIY-ST 2P         TITLE       STD       DELETE       21 TITLE       Change       Addition         NAWE       STREET ADDRESS       IA GTIY-ST 2P       IA GTIY-ST 2P       IA GTIY-ST 2P         TITLE       STD       DELETE       21 TITLE       Change       Addition         NAWE       CARLTON, RICK W       23 STREET ADDRESS       IA GTIY-ST 2P       IA GTIY-S		office or regist agent. I am fa SNATURE	ered agent, or bot miliar with, and ac	h, in the State of Fic cept the obligations	orida. Such change was a of, section 607.0505, Flo	authorized by the corporat orida Statutes.	ion's board of directors. I hereby accept the appointment as registered	
NAME     NAUMANN, MARK C     12 NAME       STREET ADDRESS     13 STREET ADDRESS       ITTLE     CARLTON, RICK W       STREET ADDRESS     14 GTY-ST2P       ITTLE     CARLTON, RICK W       STREET ADDRESS     13 STREET ADDRESS       ITTLE     Change     Addition       STREET ADDRESS     13 STREET ADDRESS       ITTLE     Change     Addition       NAME     STREET ADDRESS     Change       ITTLE     DELETE     31 STREET ADDRESS       ITTLE     DELETE     41 TTTLE       NAME     STREET ADDRESS     Change       ITTLE     DELETE     Addition       STREET ADDRESS     Change     Addition       ITTLE     DELETE     11 TTLE     Change       NAME     STREET ADDRESS     Change     Addition       STREET ADDRESS     Change     Addition       ITTLE     DELETE     SITTLE     Change       NAME     STREET ADDRESS     Change     Addition       STREET ADDRESS     SITTLE CHANGRESS     Change     Addition       STREET ADDRESS     SITTRET ADDRESS<	12.	Signat					•	(66)
TITLE       STD       DELETE       21 TITLE       Change       Addition         NAME       CARLITON, RICK W       23 STREET ADDRESS       Change       Addition         GTV-ST-ZIP       FORT MYERS FL 33908       24 GTV-ST-ZIP       Change       Addition         STREET ADDRESS       GTV-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       31 TITLE       Change       Addition         STREET ADDRESS       GTV-ST-ZIP       34 GTV-ST-ZIP       GTANGE       GTV-ST-ZIP         NAME       DELETE       41 TITLE       Change       Addition         NAME       DELETE       51 TITLE       Change       Addition         NAME       STREET ADDRESS       S3 STREET ADDRESS       GTV-ST-ZIP       GTV-ST-ZIP         TITLE       DELETE       S1 TITLE       Change       Addition         NAME       STREET ADDRESS       S3 STREET ADDRESS       GTV-ST-ZIP       GTV-ST-ZIP         TITLE       DELETE       S1 TITLE<	NAM STRI	E N	Aumann, Mark 499 McGrego	r Blvd.	L OELETE	1.2 NAME 1.3 STREET ADDRESS	Change Addition	CR2E034 (5/99)
TITLE       DELETE       3.1 TITLE       Change       Addition         NAME       3.2 NAME       3.3 STREET ADDRESS       3.3 STREET ADDRESS       Change       Addition         STREET ADDRESS       3.4 CITV-ST-ZIP       ITTLE       Change       Addition         NAME       3.3 STREET ADDRESS       ITTLE       Change       Addition         NAME       DELETE       4.1 TITLE       Change       Addition         NAME       STREET ADDRESS       4.3 STREET ADDRESS       CTTV-ST-ZIP       Change       Addition         NAME       DELETE       5.1 TITLE       Change       Addition         NAME       STREET ADDRESS       CTTV-ST-ZIP       Change       Addition         NAME       SSTREET ADDRESS       SSTREET ADDRESS       SSTREET ADDRESS       CTTV-ST-ZIP       Change       Addition         NAME       SSTREET ADDRESS       SSTREET ADDRESS       SSTREET ADDRESS	TITL	E ST	id Arlton, Rick \	N	DELETE	2.1 TITLE 2.2 NAME	Change Addition	CR2
CITY-ST-ZIP       34 CITY-ST-ZIP         TITLE       DELETE         NAME       42 NAME         STREET ADDRESS       43 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE         NAME       52 NAME         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       Change         TITLE       DELETE         NAME       52 NAME         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       DELETE         TITLE       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       DELETE         STREET ADDRESS       64 CITY-ST-ZIP         CITY-ST-ZIP       DELETE         STREET ADDRESS       61 TITLE         CITY-ST-ZIP       64 CITY-ST-ZIP         TITLE       Change         Addition       62 NAME         81 STREET ADDRESS       61 TITLE         CITY-ST-ZIP       64 CITY-ST-ZIP         T4.       Inerdoy certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I fu	TITU	E E	ort myers fl	33908	DELETE	3.1 TITLE 3.2 NAME	Change Addition	
STREET ADDRESS       4.3 STREET ADDRESS         Citry-st-zip       4.4 Citry-st-zip         TITLE       DELETE         NAME       5.1 TITLE         STREET ADDRESS       5.3 STREET ADDRESS         Citry-st-zip       5.3 STREET ADDRESS         Citry-st-zip       5.4 Citry-st-zip         TITLE       DELETE         STREET ADDRESS       5.3 STREET ADDRESS         Citry-st-zip       5.4 Citry-st-zip         TITLE       DELETE         NAME       5.2 NAME         STREET ADDRESS       5.4 Citry-st-zip         Citry-st-zip       6.1 TITLE         NAME       6.2 NAME         STREET ADDRESS       6.3 STREET ADDRESS         Citry-st-zip       6.4 Citry-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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer 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.	CITY	ST-ZIP		<u> </u>		3.4 CITY-ST-ZIP	Change Addition	- =
NAME       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         TITLE       DELETE         NAME       6.1 TITLE         NAME       6.2 NAME         STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       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.	STR	EET ADDRESS				4.3 STREET ADDRESS		
TITLE       DELETE       6.1 TITLE       Change       Addition         NAME       DELETE       6.2 NAME       6.2 NAME       6.3 STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       6.4 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.	TITU NAM STRI	E E EET ADORESS			DELETE	5.2 NAME 5.3 STREET ADDRESS	Change Addition	
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.	TITL NAM STRI	E E EET ADDRESS	· · · ·		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Change Addition	
SIGNATURE:Rangert Norman 8(5/99 941-454-1333	14.	I hereby certify indicated on this an officer or dire in Block 12 or B	s annual report or ector of the corpor lock 13 if changed	supplemental annuation or the received , or on an attachme	al report is true and accu r or trustee empowered t ent with an address.	he exemption stated in ser rate and that my signature o execute this report as re	e shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears	