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

CORPORATION ANNUAL REPORT

1998

MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE

CITY-ST-ZIP

PORT CHARLOTTE FL 33948



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

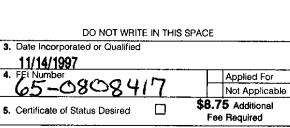
P97000097303 (6) DOCUMENT #

9, Name and Address of Current Registered Agent

QUALITY HOMES OF WOODHAVEN, INC.

QUALITY	HOMES OF MOODIL	AVEN, INC.			
Principal Place	of Business	Mailing Address			
1777 TAMIAMI T PORT CHARLOT		1777 TAMIAMI PORT CHARLO	TRAIL #505 DTTE FL 33948	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/14/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0808417	Not Applica
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible

FILED Apr 15 1998 8:00am Secretary of State



10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

R4 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.

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Name

SIGNATURE Signature, typied or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Addition NAME DEGROSS, DEAN R 1.2 NAME STREET ADDRESS 1777 TAMIAMI TRAIL #505 1.3 STREET ADDRESS **PORT CHARLOTTE FL 33948** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition OSKEY, RONALD M NAME 2.2 NAME STREET ADDRESS 12860 SOUTH PEMBROKE CIRCLE 2.3 STREET ADDRESS CITY-ST-ZIP Lake Suzy FL 34266 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 DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 511005 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETÉ TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of the receiver of custoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 schanged, or an an ultabarrent with an address.