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 # P97000098565 (9)

FILED May 08 1998 8:00am Secretary of State

PARKWOOD LUXURY BUILDERS, INC.				r negrinde eige hâlde hader abere Aderi Belev bane einer einer einer beste beide beide beide beite beste
Principal Place of Business Mailing Address				, coasiant lik lasit taati dahit barit aasit aasit antat ahiat ahiat ahiat ahiat ahiat a
		5861 EAGLE CAY WAY COCONUT CREEK FL 33073		DO NOT WRITE IN THIS SPACE
	1			3. Date Incorporated or Qualified
3				11/19/1997
一 つける	Place of Business	26. Mailing Address	wit (D)	4. FEI Number Applied For Not Applied Por
Suite, Apt.		Suite, Apt #, etc.	isith m	SR 76 Additional
22	., 5.5.	27	• .	5. Certificate of Status Desired Fee Required
City & Stat	. 16	City & State	- (1	6. Election Campaign Financing \$5.00 May Be
23 <u>COY</u>	alopings +1	28 COYUS DYING	Country	Trust Fund Contribution Added to Fees
24 3300	ως 25 USA	29 33/105 30	ับร _ั ก	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
RO	SENBERG, ARTHUR R		81 Name	
	75 N FEDERAL HWY		82 Street	Address (P.O. Box Number is Not Acceptable)
	VENTH FLOOR		63	
FU	RT LAUDERDALE FL 33308			
			84 City	FI 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 607.0506, Florida Statutes.				
SIGNATURE	in tarmiar with, and accept the obliga	lions of, section 607.0505, Florida	Sidibles.	
SIGNATURE	Signature, typed or printed name of registered agen		istered Agent signatur	e required when reinstating) DATE
(12.) IIILE	OFFICERS AND	DIRECTORS	13.") 1:1 TOLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	TREMATERRA, PETER	_ otter	1.2 NAME	
STREET ADDRESS	5881 EAGLE CAY WAY	ŀ	1.36TREET ADDRESS	2409 University Dr. Coral Springo, Fl 33065
CITY-ST-ZIP	COCONUT CREEK FL 33073	P	14 CITY-ST-ZIP	Coral Springo, Fl 33065
TITLE		☐ DELETE	21 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP TITLE			2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY - ST - ZIP			3.4. CITY-ST-ZIP	
TITLE		· ·	4.1 TITLE	Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP		1	4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	☐ Change ☐ Addition
NAME		1	5.2 NAME	
STREET ADDRESS		ì	5.3 STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY - ST - ZIP	
TITLE		1	6.1 TITLE	Change
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
STREET ADJUNESS			6.4 CITY-ST-ZIP	
	certify that the information supplied wit			ed 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 or an antiachment with an address.

SIGNATURE:

Tete 3 nts Prest

4/29/98.