PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000107057

1. Corporation Name

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 025 \*\*\*150.00

IANAGO	ON CUSTOM HOMES II, INC	<i>j</i> ,							
Principal Plac	e of Business	Mailing Address				-{			( 41H) 1861 1881
1265 ROYAL PALM ROAD 1265 ROYAL PALM ROAD									
BOCA RATON FL 33486 BOCA RATON FL 33486						DO NOT WRITE II	N TUIC C	DACE	
						DO NOT WRITE II  3. Date Incorporated or Qualified	NIHISS	PACE	
						12/22/1997			ì
2 Principal P	lace of Business	2a. Mailing Address				12/22/1997 4. FEI Number	-	TA	pplied For
	iace of business	26. Waking Address			65-0801725	Not Applicable			
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			_			Additional	
22	., 5.0.	27				5. Certifcate of Status Desired			equired
City & Stat	e	City & State				6, Election Campaign Financing		\$5.00	May Be
23			-· <i>-</i> -		<u></u>	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current y	-		
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent		04		10. Name and Address of New Regis	stered A	gent	
OAD.	MAN, DEBORAH A			81	Name				
	MAN, DEDUKAR A EAST PALMETTO PARK ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	)		
	A RATON FL 33432								
ВОС	A NATUR FL 33432			83					
				84	City			<b>85</b> Zip	Code
	<del></del>			$oxed{oxed}$		The state of the s	FL	<u> </u>	intornal
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 607.1508, Florida Statute of Florida. Such change was au	es, the at thorized	bove-r I by th	named corpo le corporation	pration submits this statement for the purp n's board of directors. I hereby accept the	pose or c e appoint	manging it ment as r	egistered (
agent. I a	m familiar with, and accept the obliga	tions of Section 607 0505 Flor	ida Stati		•	•			- J
		mons of, backers our laded, i los	iua Stati	utes.					ı
SIGNATURE			_						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. {NOTE:	Registered		signature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered	Agent s			DATE ERS AND	DIRECT	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. {NOTE:	Registered 13.	Agent s		when reinstating)	DATE ERS AND		ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered eger OFFICERS AN SDV WOODS, JEFFERY	nt and title if applicable. (NOTE:	13.	Agent s	signature required	when reinstating)	DATE ERS AND	DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered eger OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD	nt and title if applicable. (NOTE:	13. 1.1 TO 1.2 NA 1.3 ST	Agent s  TLE  ME  TREET A	DDRESS	when reinstating)	DATE ERS AND	DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SIgnature, typed or printed name of registered ager OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD BOCA RATON FL 33486	nt and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 Cf	Agent si	DDRESS	when reinstating)	DATE ERS AND	DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIgnature, typed or printed name of registered ager OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD BOCA RATON FL 33486 DP	nt and title if applicable. (NOTE:	13. 1.1 TM 1.2 NA 1.3 ST 1.4 CF 2.1 TM	Agent s TLE AME TREET AI TY-ST-Z	DDRESS	when reinstating)	DATE ERS AND	DIRECT Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SIgnature, typed or printed name of registered ager OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD BOCA RATON FL 33486 DP SIZEMORE, BRUCE	nt and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TM 1.2 NA 1.3 ST 1.4 CF 2.1 TM 2.2 NA	Agent s TLE AME TREET AI TY-ST-2 TLE AME	DDRESS	when reinstating)	DATE ERS AND	DIRECT Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIgnature, typed or printed name of registered ager OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD BOCA RATON FL 33486 DP SIZEMORE, BRUCE 1265 ROYAL PALM ROAD	nt and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TM 1.2 NA 1.3 ST 1.4 CF 2.1 TM 2.2 NA 2.3 ST	Agent si TLE TREET AI TY-ST-Z TLE AME	DDRESS	when reinstating)	DATE ERS AND	DIRECT Change	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIgnature, typed or printed name of registered ager OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD BOCA RATON FL 33486 DP SIZEMORE, BRUCE	nt and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TM 1.2 NA 1.3 ST 1.4 CF 2.1 TM 2.2 NA 2.3 ST	Agent si TLE TREET AI TY-ST-Z TLE TREET AI TREET AI	DDRESS	when reinstating)	DATE ERS AND	DIRECT Change	ORS IN 12  Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIgnature, typed or printed name of registered ager OFFICERS AN SDV WOODS, JEFFERY 1265 ROYAL PALM ROAD BOCA RATON FL 33486 DP SIZEMORE, BRUCE 1265 ROYAL PALM ROAD	nt and title if applicable. (NOTE: ND DIRECTORS  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC - 3.4 TII	Agent s TLE AME TREET AI TY-ST-Z TLE AME TREET AI TY-ST-TLE	DDRESS	when reinstating)	DATE ERS AND	DIRECT Change	ORS IN 12  Addition
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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, with all other like empowered.

SIGNATURE: