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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005054

Principal Place of Susiness Mailing Address	MILLER (CUSTOM HOMES OF BR	ROWARD, INC.										
TAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporate or Qualified 01/1/16/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 05 - 081 TOLY Not Applicable 121 25 Suite. Apt. #. etc. 26 Suite. Apt. #. etc. 27 28 29 20 20 20 20 21 20 20 21 20 20 21 20 20 21 20 20 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Principal Place of Business Mailing Address							1 12211021 110 19191 1		•••••••••			**********
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4	. FEI Number	<i>i</i> 401	7014	_		
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Zip Country Zip Country Zip Country 8, This corporation owes the current year Intangible Personal Property Tax. Yes No	City & State		⊢ ′				6			, 0			•
24		Country								rrent year Int			
9. Name and Address of Current Registered Agent MILLER, THOMAS J 614 S. FEDERAL HIGHWAY FT LAUDERDALE FL 33301 81 City FL 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent, and 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, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, hybrid of printed none of registered agent and time if applicability. (NOTE Projectional Agent signature registered Agent signature registered agent agent and time if applicability. (NOTE Projectional Agent signature registered agent age	<u>⊢</u> ¬				~ ₁			•		,			□No
MILLER, THOMAS J 614 S. FEDERAL HIGHWAY FT LAUDERDALE FL 33301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent, in am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors, i hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors, i hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17TILE 1 TITLE 1 TITLE 1 STREET ADDRESS 2 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 1 TITLE 1 DELETE 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 3 STREET ADDRESS	24			33			10). Name and Address	of New	Registered	Agent		
614 S. FEDERAL HIGHWAY FT LAUDERDALE FL 33301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent, in the State of Florida. Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registered agent and lifer if applicable (NOTE Registered Agent signature required when rendstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D					81	Name							
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida 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 authonized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, biped or printed name of registered agent and bits if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. STREET ADDRESS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D OFFICERS AND DIRECTORS 1.13. ADDITIONS/CHANGES TO O	1				83								
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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, with all other like empowered.

4 2 NAME

5 1 TITLE

52 NAME

61 TITLE

62 NAME

DELETE

☐ DELETE

4 3 STREET ADDRESS

53 STREET ADDRESS

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90012 046 ***300.00

Change

Change

Addition

Addition