PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1999



May 05, 1999 8:00 am Secretary of State

05-05-1999 90011 023 ***150.00

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

i. Corporano	MENT # P98000(HORE HOMES IV, INC.	016382			- 562571 ⁻ - 9000	o1 - 48		
Principal Plac	e of Business	Mailing Address			- I JANA(VAN) IIA ININK INIIN MUNII MUNIX ANTSI MADIN	it inter arma eran.	SWIFT OF BY 1 P.D.	
3704 ASCOT BEND COURT 3704 ASCOT BEND COURT						** ::.		
BONITA SPRIN		BONITA SPRINGS FL 34134			DO NOT WRITE IN THI	9 994CF		
!					3. Date Incorporated or Qualifed	3 SFACE		
					02/19/1998		1	
2 Principal P	Tace of Business	2a. Malling Address		4. FEI Number	Apr	olied For		
21		28 Gulfshore Homes, Inc.		59.3517711	}- 	Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.	_ '	•	5. Certificate of Status Desired	\$8.75 A		
22		27 23815 Addis	on Pla	<u>re Ct.</u>	3. Centricete di Status Desired	Fee Re	quired	
City & Sta	te	- City & State			6. Election Campaign Financing	\$5.00		-
23		28 Bonita Sprin	<u>95, FL</u>		Trust Fund Contribution	Added to	Pees .	
—, ^{Zip}	Country	29 34134 F	2 Country 30 125		 This corporation owes the current year in Personal Property Tax. 		□No	
24	25 9. Name and Address of Current				19. Name and Address of New Registered			
	S. Maille and Madress of Carlett	registered regard	81	Name				
	LES-LAWDOCK, INC.		-	Daniel Addre	on (D.O. Cour Number is Not Accordable)			
4501 TAMIAMI TRAIL NORTH			B2	Street Address (P.O. Box Number is Not Acceptable)			1	
SUF	TE 300		83					
NAP	LES FL 34103		84	Chi		. 85 Zip C	ode	
			{	City	Fi	L ' ' '		
agent, i a	im familiar with, and accept the bioligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flori	s, the above thorized by t da Statutes.	-named corpo he corporation	eration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its o pintment as reg	registered istered	
SIGNATURE					DATE		— l.	_
	Signature, typed or printed name of registered agent			signature required		ND DIRECTO	RS (N 12	(38)
12.	Signature, typed or printed name of registered agent OFFICERS AND		Hagistared Agent 13. 1.1 TITLE	signature required	when reinstating) EATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS (N 12	(11/98)
12. TITLE	Stonature, typed or printed name of registered agent. OFFICERS AND PRESIDENT KTEVEN M LLATE	DIRECTORS DELETE	13.	signature required			RS (N 12	34 (11/98)
12.	Structure, typed or printed nerve of registered agent. OFFICERS AND PESIDENT STEVEN M WATT	DIRECTORS DELETE	13. 1.1 TITLE				RS (N 12	EU34 (11/98)
12. TITLE NAME STREET ADDRESS	Squature, typed or printed name of registered agent. OFFICERS AND PRESIDENT STEVEN M. WATT 23815 ADD ISON PLA	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ADDRESS			RS (N 12	KZE034 (11/98)
12. TITLE NAME	Stonature, typed or printed name of registered agent. OFFICERS AND PRESIDENT KTEVEN M LLATE	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET /	ADDRESS			RS (N 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sprinter typed or printed name of registered agent. OFFICERS AND PRESIDENT STEVEN M WATT 23815 ADD ISON PLA BON ITA SPRINGS VP/SEC/TREAS STEVEN CHARIST	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-	ADDRESS		Change	RS (N 12	CRZE034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Squature, typed or printed name of registered agent. OFFICERS AND PRESIDENT STEVEN M. WATT 23815 ADD ISON PUR BON TTA SPRINCS VP/SEC/TREAS STEVEN CHARLSE 23815 ADD ISON PUR 23815 ADD ISON PUR	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CTIY-81- 2.1 TITLE	ADDRESS -ZIP		Change	RS (N 12 Addition Addition	CRZE034 (11/98)
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12. TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE TABLE	Squature, typed or printed name of registered agent. OFFICERS AND PRESIDENT STEVEN M. WATT 23815 ADD ISON PUR BON TTA SPRINCS VP/SEC/TREAS STEVEN CHARLSE 23815 ADD ISON PUR 23815 ADD ISON PUR	DELETE DELETE L 34134 CE CT L 34134	13. 11 TITLE 12 NAME 13 STREET / 14 CITY-ST- 21 TITLE 22 NAME 23 STREET / 24 CITY-ST 31 TITLE 32 NAME 33 STREET / 34 CITY-ST 41 TITLE	ADDRESS .ZIP ADDRESS .ZIP		☐ Change ☐ Change ☐ Change	Addition	CR2E034 (11/98)
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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 cath; that I am an officer or director of the compration or the receiver or truelee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP