


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90055 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000019491

1. Corporation Name

BURG & SILVESTER LUXURY HOMES, INC.
 Principal Place of Business
 2580 NATURES WAY
 PALM BCH GARDENS FL 33410

 Mailing Address
 2580 NATURES WAY
 PALM BCH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

65-0817268

 Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

 6. Election Campaign Financing
 Trust Fund Contribution ☐

 \$5.00 May Be
 Added to Fees

 8. This corporation owes the current year intangible
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

 SILVESTER, DENNIS A
 2580 NATURES WAY
 PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

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 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 Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE
 NAME D
 STREET ADDRESS SILVESTER, DENNIS A
 CITY-ST-ZIP 2580 NATURES WAY
 PALM BCH GARDENS FL 33410

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

 21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

 31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

 41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

 51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

 61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 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 the same power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-99

Daytime Phone #

775-3667

CR2E034 (11/98)