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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

04-20-1999 90205 047 ***70.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 20 PM 3:11

DOCUMENT # P98000022802

1. Corporation Name
CRAFTSMAN HOMES INC.

Principal Place of Business
24840 BURNT PINE DRIVE
BONITA SPRINGS, FLORIDA (33923) SUITE 3

Mailing Address

2. Principal Place of Business 21	2a. Mailing Address 26 Attn: John Romano	3. Date Incorporated or Qualified March 9, 1998	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3406 Timberwood Circle	4. FEI Number 59-3502067/110812	Applied For ☒ Not Applicable
City & State 23	City & State 28 Naples	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 FL 30 34109	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JERRY ASKE
12110 MATLACHA BLVD
CAPE CORAL FLORIDA 33991

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☑ DELETE	1.1 TITLE	P/CEO ☑ Change ☑ Addition
NAME	LOUIS BOSCAINO	1.2 NAME	John Romano
STREET ADDRESS	24840 BURNT PINE DRIVE SUITE 3	1.3 STREET ADDRESS	428 Manatuck Blvd
CITY-ST-ZIP	BONITA SPRINGS, FLORIDA 33923	1.4 CITY-ST-ZIP	Brightwaters Long Island New York 11718
TITLE	☐ DELETE	2.1 TITLE	V/P/SVTD ☐ Change ☑ Addition
NAME		2.2 NAME	Gabrielle Romano
STREET ADDRESS		2.3 STREET ADDRESS	428 Manatuck Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Brightwaters New York 11718
TITLE	☐ DELETE	3.1 TITLE	D/M ☐ Change ☑ Addition
NAME		3.2 NAME	JERRY ASKE
STREET ADDRESS		3.3 STREET ADDRESS	12110 Matlacha Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Cape Coral Florida 33991
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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8/19/20

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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 617, 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: John Romano John Romano President 4/10/99 (516) 665-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #