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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

FILED
99 MAR 17 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036124

1. Corporation Name
SAMCREST HOMES AND DEVELOPMENT CO.

Principal Place of Business
3107 BLAKELY DR.
ORLANDO FL 32835

Mailing Address
3107 BLAKELY DR.
ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1998

4. FEI Number: 120-44-9101 [ ] 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 1242 N Pine Hills Rd
Suite, Apt #, etc.
22 ORlando, FL
City & State
23
Zip / Country
24 32808 25 US

2a. Mailing Address
26 SAME
Suite, Apt #, etc.
27
City & State
28
Zip / Country
29 30

9. Name and Address of Current Registered Agent
SAMAROO, M.
3107 BLAKELY DR.
ORLANDO FL 32835

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] M. SAMAROO 1-9-99.
Signature, typed or printed name of registered agent and title if applicable

12.	OFFICERS AND DIRECTORS	
TITLE	PRES.	[ ] DELETE
NAME	MAHENDRA.N. SAMAROO	
STREET ADDRESS	1242 N. PINE Hills RD.	
CITY-ST-ZIP	ORlANDO, FL 32808	
TITLE	SEC.	[ ] DELETE
NAME	BEBE S. SAMAROO	
STREET ADDRESS	3107 BlAKELY DR	
CITY-ST-ZIP	ORlANDO, FL 32835	
TITLE	V.P.	[ ] DELETE
NAME	MAHENDRA.R.O. SAMAROO	
STREET ADDRESS	3107 BlAKELY DR.	
CITY-ST-ZIP	ORlANDO, FL 32835	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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: [signature] Pres. 1-9-99 407-445-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #