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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101091

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90151 018 ***158.75

	ENBACH HOMES, INC.						
Principal Pla	ace of Business	Mailing Address	·				
4934 SKYLINE BOULEVARD CAPE CORAL FL 33914 4934 SKYLINE BOULEVARD CAPE CORAL FL 33914					DO NOT WRITE IN T	"HIS SPACE	
)					3. Date Incorporated or Qualifed	THO OF AGE	
					11/30/1998		
2. Principal	Place of Business	2a. Mailing Address	1		4. FEI Number	An	plied For
21		26		-	65-0883560	⊢	t Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			3. Certificate of Status Desired	Fee Re	equired
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23 Zin		28			rust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24	25 9. Name and Address of Curre		30		Personal Property Tax.	☐Yes	≥ No
	Hame and Address of Cuffe	iir izadizielen Ağelit	81	Name	10. Name and Address of New Registe	red Agent	
DAU	FFENBACH, WALTER O			(Valific			
	SKYLINE BOULEVARD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E CORAL FL 33914		83				
			03				,
			84	City		85 Zip (Code
11 Pursuan	t to the provisions of Sections 607 056	22 and 607 1609. Florida Statute				FL 83 ZIP	
l ouice or	registered agent, or both, in the State	or Fiorida. Such change was at	utnonized by th	named corpo re corporation	ration submits this statement for the purposen's board of directors. I hereby accept the ap	e of changing its opointment as re	registered aistered
agent. I	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.		, ,		3
SIGNATURE	Signature, typed or printed name of registered age	at and this if earliantin					
12.	enginations, typica or printed flattile of ragilaterad age						
	OFFICERS AN		_	signature required	when reinstating) DATE ADDITIONS/CHANGES TO DESIGNED		DC IN 12
TITLE	OFFICERS AN	ND DIRECTORS DELETE	13.	signature required	when reinstalung) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE NAME	D	ND DIRECTORS	13.	signature required			RS IN 12
	D Dauffenbach, Walter o	ND DIRECTORS	13. 1.1 TITLE 12 NAME			AND DIRECTO	
NAME STREET ADDRESS	D Dauffenbach, Walter o 4934 Skyline Boulevard	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AG	DDRESS		AND DIRECTO	
NAME	D DAUFFENBACH, WALTER O 4934 SKYLINE BOULEVARD CAPE CORAL FL 33914	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AG 1.4 CITY-ST-Z	DDRESS		S AND DIRECTO Change	☐ Addition
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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:

941-540-7864