FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

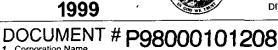
PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Secretary of State** Katherine Harris

03-04-1999 90203 024 ***158.75



CLASSIC DESIGNER HOMES AT HERON BAY, INC.

Principal Place of Business Mailing Address C/O SANDRA G. KRAWITZ. ESQ. C/O SANDRA G. KRAWITZ. ESQ. 1900 GLADES RD., STE, 357 1900 GLADES RD., STE. 357 DO NOT WRITE IN THIS SPACE BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Date Incorporated or Qualifed 12/04/1998 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0886955 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 30 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KRAWITZ, SANDRA G ESQ. Street Address (P.O. Box Number is Not Acceptable) 1900 GLADES RD., STE. 357 **BOCA RATON FL 33431** 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME KRAWITZ, HAROLD NAME 1900 GLADES RD., STE. 357 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY-ST-ZIP CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Addition □ DELÊTE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition [] Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$T-ZIP ☐ DELETE [] Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information wertal annual report is the and accurate and that my signature shall have the same legal effect as if made under cath; that I am an reflerver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supple officer or director of the corporation or Block 12 or Block 13 if changed, or or

SIGNATURE: SIGNATURE AND SIGNA

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ No