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FLORIDA DEPARTMENT OF STATE

PROFIT

CICNATURE:

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name S00105 DISTINCTIVE DESIGN HOMES, INC. Mailing Address Principal Place of Business 14289 BANDED RACCOON DRIVE 14289 BANDED RACCOON DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0227452 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Agged to Fees Trust Fund Contribution 23 Ζıρ Country 8. This corporation owes or has paid the current year Intangible □ Ño Personal Property Tax due June 30. 24 25 29 30 Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERCHICK, MARK I. 14289 BRANDED RACCOON DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 PALM GARDENS FL 33418 83 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. Florida statutes. (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 TITLE Addition TITLE NAME PERCHICK, MARK 1.2 NAME IULES BAUDOR RACCOON Demo 13289 BRANDED RACCOON DRIVE 1.3 STREET ADDRESS STREET ADORESS PALM BEACH GARDENS FL 33418 1.4 CHTY - ST - ZIP CITY-ST-ZIP DILETE 2.1 DILE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 34 CITY-ST-ZIP DELETE Addition TITLE 4.1 TIBLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY-ST-7)P DITY-ST-ZIP DELLITE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ACIDMESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY ST-ZIP Change ■ Addition DELETE 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY - S1 - ZIP 14. Thereby 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 activate report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or truetee 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 attraction by him an address

MARK BRAHICK Pres. 4-6

FILED