## 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

## DOCUMENT # S00105 1. Corporation Name

DISTINCTIVE DESIGN HOMES, INC.

	e of Business	Mailing Addres	~						
14289 RANDED	RACCOON DRIVE	14289 BANDED	RACCOON DR	RVE					
	GARDENS FL 33418	PALM BEACH O					•		
US		US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate	d or Qualifed		
	,					08/31/1990			ł
O Deinsinst Di	lace of Business	2a. Mailing Ad	drace			4. FEI Number		An	plied For
	iace or business	H===	G1033			···			t Applicable
21		26				65-0227452	<del></del>		
Suite, Apt.:	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Sta	tus Desired	\$8.75 / Fee Re	I
22		27							<u>'</u>
- City & State	المستحدد والمسواف	City & Stat	e	-		6. Election Campai	gn·Financing	~ ~\$5:00	May Be
23		28				Trust Fund Cont	ribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation	owes the current year	Intangible	}
	25	29	30	. i		Personal Proper		Yes	□No
24				<u>'I</u>			ress of New Register	ed Agent	
	9. Name and Address of Current	t Kegistered Agen	<u>.                                    </u>	81	Name	(Q, Haille alla Aus	1000 Of feet Register	ou rigu	
DED	OLHOV MACK I			0'	Maille				
	CHICK, MARK I.			82	Street A	ddress (P.O. Box Number	is Not Acceptable)		
	39 BRANDED RACCOON DRIVE					(			
PALI	M GARDENS FL 33418			83					]
· ·				84	City				Code
							•	• <b>L</b>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Flo	orida Statutes,	the above	-named c	orporation submits this sta	tement for the purpose	of changing its	registered
office or re	registered agent, or both, in the State or manifer with, and accept the obligat	of Florida, Such cha tions of Section 60	ange was auth 7.0505. Florida	ionzed by a Statutes	the corpor	ation's board of directors.	i neienà accèti me et	poir unient da re	gistored
	in lamiliar with, and accept the obligat	uons or, occuen oo	7.0000, 1 101146	, Cididics	•				
SIGNATURE	Signature, typed or printed name of registered ageni	t and the K applicable	(NOTE: Do	aintered Ager	t eignature rer	uired when reinstating)	DATE		—— }
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

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