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**PROFIT CORPORATION** ANNUAL REPORT

1997

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**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

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Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # S61438

(5)

TUSCAN-HARVEY HOMES, INC.

Principal Place	of Busines	5	Mailing	Mailing Address							
BO2 CLINT MOORE RD SUITE 120 BOCA RATON FL 33487 US			902 CL SUITE	902 CLINT MOORE RD SUITE 120 BOCA RATON FL 33487-2846 US							
								3. Date Incorporated or Qualified 06/21/1991		te of Last 1 15/1996	Report
<b>2.</b> Principal Pl	ace of Busin	iess	<del>                                     </del>	ailing Address				4. FEI Number		A	pplied For
21	tr		26					65-0268971			ot Applicable
Suite, Apt. (	#, etc.		<b>├</b>	ite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State			27 Cits	ty & State							equired
23	,		28	y a state				Election Campaign Financing     Trust Fund Contribution			May Be
Zip		Country	Zip	)	Coun	trv		······································	otonoible.		to Fees
24		25	29		30	,		8. This corporation has liability for i	Trangible Yes [		5. 199.032,
		and Address of Curre		d Agent	-1001 T			10. Name and Address of New Re			
POP	KIN & SHL	JRPIN, P.A.			ε	31 1	Name		<b>7.</b>	*	
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2499 GLADES ROAD SUITE 114							Street Addre	(P.O. Box Number is Not Acceptable)			
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500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				L						···
					8	34 (	City		FL	<b>85</b> Zip	Code
11, Pursuant t	o the provisi	ions of Sections 607.05	02 and 607.1	1508, Florida Statu	utes, the abo	ove-n	named corpo	oration submits this statement for the p		changing	its registered
office or re	ogistered ag	ent, or both, in the Stat	e of Florida. So	Such change was	authorized	by th	ne corporation	oration submits this statement for the p ion's board of directors. I hereby accep	the app	ointment a	registered
anent Lar		in, and accept the obig	gations of, Soi	JUNION GOV. OGOG, I	IOI IOA SIAIU	185.					
SIGNATURE		or printed name of registered as	yent and tite if app				sionalure require	ed when reinstating)	DATE	·····	<del></del>
SIGNATURE		or printed name of registered as		plicable [NO			signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE .				plicable [NO	OTE: Registered A	Agent s	signature require	ed when reinstaing) ADDITIONS/CHANGES TO OFFICE		DIRECTO	
SIGNATURE .	Signature typed	OFFICERS AN		plicable INC PRS	OTE: Registered /	Agent s	signature require				
SIGNATURE .	Signature typed  D  HARVEY,	OFFICERS AN		plicable INC PRS	TE Registered A	Agent s E ME					
SIGNATURE	Signature typed  D  HARVEY,	OFFICERS AF DAVID CLINT MOORE RD		plicable INC PRS	13. 1.1 TITU 1.2 NAM 1.3 STRI	Agent s E ME EET AD	DRESS				
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