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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S74910 (8)

ASCOT HOMES, INC.

Jan 28 1998 8:00am Secretary of State

FILED

Principal Place of Business ASCOT HOMES INC LEST EMILY COURT KISSIMMEE FL 34744 2 Principal Place of Business 2 a. Mailing Address 3 Date Incorporated or Qualified (M) (9) (19) (19) (19) (19) (19) (19) (19)									
SEZ BALLY COURT NOST OFFICE BOX 450182 SUBMIRE FL 94744 US SUBMIRE FL	Principal Place of Business Mailing Address					- ! [###################################	I I I I I I I I I I I I I I I I I I I		
2. Pincipal Place of Business 2a. Mailing Address 5. Fill Number 5. 5. 3084533	1621 EMILY O KISSIMMEE FL	OURT	ASCOT HOMES INC. 1621 EMILY COURT POST OFFICE BOX 450182 KISSIMMEE FL 34744		3. Date Incorporated or Qualified				
Suite, Apt. #, etc. 27 City & State City & Country City & State City & State Country Country Country City & State Country Country Country Country City & State Country Country Country Country Country City & State Country Countr	Principal Place of Business 2a. Mailing Add			iress			Ar	oplied For	
City & State City & Country City						59-3084533			
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Size Zip		⊭, etc.	27		5. Certificate of Status Desired				
24 25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent STEWART, SCOTT D. 241 E. RUBY AVE. SUITE C KISSIMMEE FL 34744 83 84 City 85 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed reme of inegistered agent and 608 if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SIRRET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP KISSIMMEE FL 14. CITY-ST-ZIP 15. TITLE DELETE 15. TITLE DELETE 16. Change Addition 16. Thange Addition 17. TITLE DELETE 18. TITLE DELETE TITLE TITLE DELETE TITLE DELETE TITLE TITLE DELETE TITLE TITLE DELETE TITLE					_ · · · · · · · · · · · · · · · · · · ·				
9. Name and Address of Current Registered Agent STEWART, SCOTT D. 241 E. RUBY AVE. SUITE C KISSIMMEE FL 34744 83 84 City FL 85 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE TILE P OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-51-2P NAME STREET ADDRESS CITY-51-2P NAME DELETE 2.2 XMME 2.2 XMME 2.2 XMME 2.2 XMME 3.2 XMME 3.2 XMME 3.2 XMME 3.2 XMME 3.3 XMEET ADDRESS CITY-51-2P TITLE DELETE 3.4 CITY-51-2P TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Addition Addition				¬ ' '					
STEWART, SCOTT D. 241 E. RUBY AVE. SUITE C KISSIMMEE FL 34744 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 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 agant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agant, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privace name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 11 TITLE P DELETE 12 NAME 12 NAME 1621 EMILY COURT 13 STREET ADDRESS 1622 EMILY COURT 14 ADITY-ST-ZIP TITLE DELETE 22 NAME 22 NAME 22 NAME 22 NAME 22 NAME 23 NAME 32 NAME 33 NAME 33 NAME 34 City 4	24			0					
Addition SIEWARI, SCUTT D. 241 E. RUBY AVE. SUITE C KISSIMMEE FL 34744 83 84 City FL 85 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 and artist with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of agent and artist with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and artist with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and artist with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of agent and artist his statement for the purpose of changing its registered of agent and artist his agent agent and artist and artist with and accept the appointment as registered agent and artist and artist and artist with and accept the appointment as registered agent and artist agent and artist and artist and artist and artist agent and artist and artist and artist agent and artist and artist and artist and artist agent and artist and artist and artist and artist agent and artist and artist agent and artist and artist and artist agent and artist and artist agent and artist and artist agent and artist			t Registered Agent	8					
SUITE C KISSIMMEE FL 34744 83 84 City FL 85 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 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, in an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE P DELETE 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Addition THILE DELETE 3.1 TITLE Change Addition Addition Change Addition Addition Addition Addition Change Addition Change Addition Addition Addition Addition Addition Addition Addition AMAE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-Z									
KISSIMMEE FL 34744 84 City FL 85 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 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature typed or privated fixere of registered agent and title if applicable.				82	Street Addres	idress (P.O. Box Number is Not Acceptable)			
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 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, and manifer with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				83	3				
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 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) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PAMALE FENEMORE, REGINALD A 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition STREET ADDRESS CITY-ST-ZIP TITLE AMAME STREET ADDRESS CITY-ST-ZIP TITLE Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Addition				84	City	F	85 Zip (Code	
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 II applicable.	11. Pursuant t	o the provisions of Sections 607,0502	2 and 607,1508, Florida Statutes.	the abov	i re-named corpo	pration submits this statement for the purpose	of changing it	s registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relostating) 12. OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE PENEMORE, REGINALD A 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE 3.5 STREET ADDRESS CITY-ST-ZIP TITLE 3.6 STREET ADDRESS CITY-ST-ZIP TITLE 3.7 NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.8 STREET ADDRESS CITY-ST-ZIP TITLE 4.1 TITLE 5. STREET ADDRESS CITY-ST-ZIP TITLE 5. STREET ADDRESS CITY-	office or re	edistered agent, or both, in the State i	of Florida. Such change was auti	horized b	v the corporatio	on's board of directors. I hereby accept the a	ppointment as	registered	
12.	SIGNATURE								
TITLE					ent signature required			2C IN 40	
NAME FENEMORE, REGINALD A 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 1.4 CITY-ST-ZIP Change Addition						ADDITIONS/CHANGES TO OFFICERS A			
1.3 STREET ADDRESS 1621 EMILY COURT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	i i	•			İ		onung¢		
CITY-ST-ZIP KISSIMMEE FL			!						
TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition	1		· ·						
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Change Addition TITLE DELETE 4.1 TITLE Change Addition		MOONWINEL I E	DELETE		51-217		Change	Addition	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition	1								
CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE Change Addition	1				1				
TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change Addition			,		1			į	
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition			DELETE		51-217		Change	Addition	
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition	l l				-				
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition	1		}		1			-	
TITLE DELETE 4.1 NTLE Change Addition			!		i				
			DELETE		51-211		Change	Addition	
					.		_ •	<u>_</u>	
STREET ADDRESS 4.3 STREET ADDRESS								1	
CITY-ST-ZIP 4.4 CITY-ST-ZIP					l			f	
TITLE DELETE 5.1 TITLE Change Addition	-		☐ DELETE				Change	Addition	
NAME 5.2 NAME	NAME								
STREET ADDRESS 5.3 STREET ADDRESS				5.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP 5.4 CITY-ST-ZIP					l				
TITLE DELETE 6.1 TITLE Change Addition			☐ DELETE				Change	Addition	
NAME 62 NAME				6.2 NAME					
STREET ADDRESS 63 STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY-ST-ZIP 6.4 CITY-ST-ZIP	i			6.4 CITY-	ST-ZIP				

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 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 or an attachment with an address.

SIGNATURE:

407-846-3366