


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90075 028 ***150.00

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|---|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # S79041 | | | | | |
| 1. Corporation Name SIERRA HOMES, INC. | | | | | |
| Principal Place of Business 375 DOUGLAS AVE SUITE 2006 ALTAMONTE SPGS FL 32714 US | | | Mailing Address 375 DOUGLAS AVE SUITE 2006 ALTAMONTE SPGS FL 32714 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 09/10/1991 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3093040 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | | 25 | | 29 | |
| Country | | Country | | 30 | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| LOUIS GEYS 375 DOUGLAS AVE SUITE 2006 ALTAMONTE SPRINGS FL 32714 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| | | | FL | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME PD GEYS, LOUIS | | | 1.2 NAME | | |
| STREET ADDRESS 375 DOUGLAD AVE, SUITE 2006 | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP ALTAMONTE SPGS FL 32714 | | | 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME VP MOENSSSENS, NOEL | | | 2.2 NAME | | |
| STREET ADDRESS 375 DOUGLAS AVE, SUITE 2006 | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP ALTAMONTE SPGS FL | | | 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)