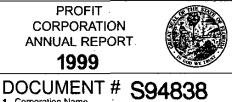
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT.

1999

AUDUBON ESTATE HOMES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90102 037 ***150.00

1 18811 B A 178		(

8.1.1			an Addan ar									
Principal Place of Business Mailing Address					_				•			
120 W GLADES RD 120 W GLADES RD BOCA RATON FL 33432 BOCA RATON FL 33432								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
								11/18/1991	•			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		<u> </u>	- 	ied For
26								65-0299599	,	*0 =		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certifcate of Status Desired		•	O Adı e Requ	ditional uired
City & State City & State					_			6. Election Campaign Financing		\$5	00 м	av Bo
23		28	•					Trust Fund Contribution			ded to	
Zip	Country	Zi	p	Cou	intry			8. This corporation owes the curre	ent vear Inta	ngible		
24	25	29		30			. •	Personal Property Tax.		∐Yes	[]No
	9. Name and Address of Curr		ed Agent	11				10. Name and Address of New R	egistered A	gent		
					81	Name		<u> </u>				
POP	KIN & SHURPIN PA					<u> </u>	A d d	(D.O. Bay Number is Not Assents	hlo\			-
2499	GLADES RD				82	Street	Adares	ss (P.O. Box Number is Not Accepta	Die)			
,	E 114				83			, ,				
BOC	A RATON FL 33431				84	City _				85	Zip Ço	de
	•				~	Only .	•		FL			
agent. I a SIGNATURE	m familiar with, and accept the obling state of the state of segistered state of the state of th	igations of, S∈	ection 607.0505, Flo	orida Stat	utes.	•		s board of directors. I hereby accep	, DATE			·
12.	OFFICERS	AND DIRECT	ORS	13.				ADDITIONS/CHANGES TO OF	FICERS AND			S IN 12
TITLÉ	D		☐ DELETE	1.1 TI	TLE					Cha	nge	☐ Addition
NAME	HOWELL, MICHAEL J			1.2 N	AME							}
STREET ADDRESS	120 W GLADES RD			1.3 \$	TREET	ADDRESS	;]	•				. }
CITY-ST-ZIP	BOCA RATON FL	_		1.4 C	ITY- ST	T-ZIP	·					
TITLE			☐ DELETE	2.1 TI	TLE			•		Cha	nge	☐ Addition
NAME	•			2.2 N	AME							{
STREET ADDRESS				2.3 \$	TREET	ADDRESS	:[[
CITY-ST-ZIP				2.40	TY-S	T-ZIP						
TITLE			☐ DELETE	3.1 T	TLE '			•		☐ Cha	nge	Addition
NAME				3.2 N	AME							
STREET ADDRESS				3.3 S	TREET	ADDRESS	;					}
C/TY-ST-ZIP				3.4. 0	ITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TI	TLE					☐ Chai	nge	Addition
NAME				4.2 N	AME							1
STREET ADDRESS				4.3 \$	TREET	ADDRESS	1					
CITY-ST-ZIP	·			4.4 C	TY-\$1	T- ZIP	<u> </u>		÷*			
TITLE]	_	☐ DELETE	5.1 T						Cha	nge	Addition 1
NAME				5.2 N					:	•		
STREET ADDRESS				5.3 S	TREET	ADDRESS	·					Ì
CITY-ST-ZIP					ITY-S	T-ZIP	ļ					
TITLE		·- -	☐ DELETE	6.1 T						☐ Cha	nge	Addition
NAME				6.2 N								1
070557.000500				63.5	TREET	ADDRESS	: 1					ľ

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 appear with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP