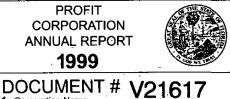
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90042 022 \*\*\*150.00

AMERICAN DESIGN HOMES, INC. Principal Place of Business Mailing Address % STEVEN P GOLDMAN % STEVEN P GOLDMAN 2961 PLANTATION RD 2961 PLANTATION RD DO NOT WRITE IN THIS SPACE WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 3. Date Incorporated or Qualifed 03/17/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business **NOT APPLICABLE** Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be --City & State 6. .Election, Campaign, Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes **⊿**√0 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILSON JR, LYNN K. 82 Street Address (P.O. Box Number is Not Acceptable) 111 3RD ST SW SUITE 212 83 WINTER HAVEN FL 33880 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 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition 1.1 TITLE TITLE WILSON, LYNN K JR NAME 12 NAME 111 3 ST SW, SUITE 212 STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-\$T-ZIP Addition Change ☐ DELETE **VPS** 2.1 TITLE TITLE GOLDMAN, STEVEN P 2.2 NAME NAME 2961 PLANTATION RD STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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 emproyered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

☐ Addition

☐ Change