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

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)HOUSING CONCEPTS, INC. Principal Place of Business Mailing Address 8014 WILES RD. 8014 WILES RD. **CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1992 Principal Place of Business Applied For SW 66 AUE 2341 SW 66 AUE 65-0328982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRIEDMAN FRIEDMAN, DAVID 8014 WILES ROAD 82 CORAL SPRINGS FL 33067 83 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, of both, in the date of Funda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, any accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 111111 TITLE FRIEDMAN, DAVID NAME 12 NAME 22341 SW 66 AUE Suite 1207 8014 WILES RD. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE 21 TITLE TITLE CENTORE, ROBERT FRANCIS 2.2 NAME NAME 22341 SW 66 AUB Suite 1207 8014 WILES RD. 23 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33428 CORAL SPRINGS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETÉ 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 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 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 on on an attaching with an address.

**FILED** 

(C 3