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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENTI/OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V 34H년

Corporation Name

AREA HOMES DEVELOPMENT CORPORATION,

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90049 011 ***150.00

Principal Place of Business	Mailing Address		
17027 WOULDINIE HO	humi		
17027 West Dixie the	may sar	ne	DO NOT WRITE IN THIS SPACE
SUITE 104			3. Date Incorporated or Qualifed
North Miami Beach, FL 33160		517192	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 6437 N. Bay Road	D 6407 X D D 1		(65-033142 ^C) Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		\$8.75 Additional	
22		5. Certificate of Status Desired Fee Required	
City & State City & State			6. Election Campaign Financing S5.00 May Be
Miami Beach, FL 28 Miami Beach, FL		FL	Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 33141 25	29 33141 ₃₀		Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
20 11/0 -0		81 Name	PaulinSterental
Pays Voung 1630 N. Federal Hwy		82 Street Address (P.O. Box Number is Not Acceptable)	
11030 N FEDERAL HWY			21332 W. Dixie Highway
	/	83	,
F-L. Landerdolle, FL	- 522-6	84 City	■■ 85 Zip Code
A			North Miami Beach FL 33180
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 PAN : TERESTAN 4-23-99			
Signature, typed deprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
1	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 -0 01 - 0 0 1 0	DP DELETE	1.1 TITLE	Change Addition
STREET ADDRESS 4000 ISIGNOL BIN	IN ADIZING	1.2 NAME	
STREET ADDRESS A VOICE TO THE STREET ADDRESS	CITTIPI COO	1.3 STREET ADDRESS	
CITY-ST-ZIP AVentura, FL 3		14 CITY-ST-ZIP	Change Addition
TITLE		21 TITLE	Change Addition
NAME		22 NAME	
STREET ADDRESS	:	2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Change Addition
TITLE	_	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS	ı	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Change Addition
TITLE		41 TITLE	
NAME		4. 2 NAME	
STREET ADDRESS	Š	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP 5.1 TITLE	— ☐ Change ☐ Addition
TITLE		5.1 IIILE 5.2 NAME	
NAME PTDEET ADDRESS		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		J	
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 of 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 all other like empowered.

SIGNATURE:

PAUL STERENTAL— PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-22-99

(305) 932-0876

Daytime Phone #