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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V42534

(0)

A-MAR HOMES, INC.

Dringing Place of Business

1. Corporation Name

Mailing Address



| 2728 W DAVIE I FT LAUDERDAL | | 2728 W DAVIE BLVD FT LAUDERDALE FL | | | Date Incorporated or Qualified O6/08/1992 | 3a. Date of I | 4/1995 | 5 |
|--|---|--|---|--|--|--------------------------------|-----------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0375228 | | <u> </u> | oplied For ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 | May Be to Fees |
| 3 | | 28 Zip | Countr | · · · · · · · · · · · · · · · · · · · | 8. This corporation has liability for | r intangible tax u | | |
| Zip 4 | Country | 29 | 30 | , | Florida Statutes Ye | s 🔲 No | | |
| <u> </u> | 9. Name and Address of Curren | | 1001 | | 10. Name and Address of New | Registered Age | ent | |
| | g. Hame alto Address of Carre | | 81 | Name | | | | |
| GONZALE | z, Luis Avie Blyd | | 82 | 2 Street Add | ress (P.O. Box Number is Not Accepta | able) | | |
| | ERDALE FL | | 83 | 3 | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 84 | 4 City | | FL | 85 Zip | Code |
| | | | | 1 | oration submits this statement for the p ard of directors. I hereby accept the ap | | ing its re | gistered office |
| tamiliar with, | gradue typed or printee name of registered agen | (O) OO7.0003, Florida Otaliolo. | J. | jont signature recjuiri | | DATE | · | |
| S: | Stratuse foliabilities buildes parties on reduser en adec. | if Select altres it Maketa various to a | OLE, Hodisieses vid | PART BIG RECOVER BOOK | 00 th Res to source ! | | | |
| | | D DIRECTORS | 13. | Mit signature rector | ADDITIONS/CHANGES TO OF | | | RS IN 12 |
| 12. | | | | | ADDITIONS/CHANGES TO OF | | RECTOF Change | RS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | F | ADDITIONS/CHANGES TO OF | | | Addition |
| 12. 11 ¹ LF NAME | OFFICERS AN | D DIRECTORS | 13. 1. 1 TITLI 1.2 NAMI | F | ADDITIONS/CHANGES TO OF | | | RS IN 12 |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and opes not quality for the exemption stated in section 1 and accurate and 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 certify that the information indicated on this annual report 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.

SIGNATURE:

G OFFICER OR DIRECTOR

1/27/96 (305) 79V-104
Description Proce 8