

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90114 019 ***150.00

DOCUMENT # V48568

1. Corporation Name
XL HOMES INC.



Principal Place of Business
151 WYMORE RD
SUITE 688
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
151 WYMORE RD
SUITE 688
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 108 JAY DRIVE
Suite, Apt. #, etc.
22
City & State
23 ALTAMONTE SPRINGS, FL
Zip Country
24 32714 25

2a. Mailing Address
26 108 JAY DRIVE
Suite, Apt. #, etc.
27
City & State
28 ALTAMONTE SPRINGS, FL
Zip Country
29 32714 30

3. Date Incorporated or Qualified

07/08/1992

4. FEI Number

59-3131000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FASSET, LADD ESQ
FASSETT, ANTHONY & TAYLOR, PA
14 E WASHINGTON ST SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D	CHEN, ERIC	1931 YEAGER AVE. LAVERNE CA	<input type="checkbox"/>
	DPT	DERMON, DUMONT A	953 RED FOX RD. ALTAMONTE SPGS. FL	<input checked="" type="checkbox"/>
	DVS	RAHMAN, JAMES W.	16501 BAY CLUB DR CLERMONT FL	<input type="checkbox"/>
	D	CHEN, LINA	1931 YEAGER AVE. LAVERNE CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

407-862-9191

Daytime Phone #

CR2E034 (11/98)

0070900