

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90085 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 434193**

1. Corporation Name  
**IMPERIAL HOMES CORPORATION**

Principal Place of Business  
**1800 WEST LOOP SO  
 BOX 2863  
 HOUSTON TX 77252**

Mailing Address  
**1800 WEST LOOP SO  
 BOX 2863  
 HOUSTON TX 77252**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/31/1973**

4. FEI Number  
**59-1556108**

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

2. Principal Place of Business  
**21 10707 Clay Road**

2a. Mailing Address  
**26 P.O. Box 2863**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**28 Houston, Texas**

**23 Houston, Texas**

Zip Country  
**24 77041 25 USA**

Zip Country  
**29 77252 30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **DP RICHARD G. SLAUGHTER**  
 STREET ADDRESS **1800 W. LOOP SOUTH**  
 CITY-ST-ZIP **HOUSTON TX**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **10707 Clay Road**  
 1.4 CITY-ST-ZIP **Houston, Texas 77041**

TITLE  DELETE  
 NAME **VPS STEVEN E. LANE**  
 STREET ADDRESS **1800 W. LOOP SOUTH**  
 CITY-ST-ZIP **HOUSTON TX**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **10707 Clay Road**  
 2.4 CITY-ST-ZIP **Houston, Texas 77041**

TITLE  DELETE  
 NAME **VPAS THOMAS A. NAPOLI**  
 STREET ADDRESS **1800 WEST LOOP SOUTH**  
 CITY-ST-ZIP **HOUSTON TX**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **10707 Clay Road**  
 3.4 CITY-ST-ZIP **Houston, Texas 77041**

TITLE  DELETE  
 NAME **DVAS CHESTER P. SADOWSKI**  
 STREET ADDRESS **1800 WEST LOOP SOUTH**  
 CITY-ST-ZIP **HOUSTON TX**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **10707 Clay Road**  
 4.4 CITY-ST-ZIP **Houston, Texas 77041**

TITLE  DELETE  
 NAME **VTAS GARY L. FRUEH**  
 STREET ADDRESS **1800 WEST LOOP SOUTH**  
 CITY-ST-ZIP **HOUSTON TX**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS **10707 Clay Road**  
 5.4 CITY-ST-ZIP **Houston, Texas 77041**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 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:

*Steven E. Lane*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Steven E. Lane 4/9/99

713/877-2425

Date

Daytime Phone #

CR2E034 (1/1/98)