FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562259
1. Corporation Name
MARONDA HOMES, INC. OF FLORIDA

Principal Place of Business
11 TIMBERGLEN DR
IMPERIAL PA 15126
US

Mailing Address
11 TIMBERGLEN DR
IMPERIAL PA 15126
US

2. Principal Place of Business
2a. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip
Country
Zip
Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/17/1978
3a. Date of Last Report
04/11/1994

4. FII Number
25-1339949
Applied For
Not Applicable

5. Certificate of Status Declined
$8.75 Additional Fee Required

6. Election Campaign Financing
$5.00 May Be Added To Fees
Trust Fund Contribution

7. This corporation has liability for intangible tax under § 119.001,
Florida Statutes
Yes
No

KATANICH, SAMUEL L.
4005 MARONDA WAY
SANFORD FL 32771

9. Name and Address of Current Registered Agent

01 Name

02 Street Address (*O, Box Number is Not Acceptable)

03 City

04 State FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 803.0502 and 803.1104, 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 803.0503, Florida Statutes.

SIGNATURE: ____________________________  Date: ____________________________

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CEO

WOLF, WILLIAM J.
178 BACKBONE RD
SEWICKLEY PA

NAME

PART

STREET ADDRESS

CITY-ST.-ZIP

WOLF, RONALD W.
178 BACKBONE RD
SEWICKLEY PA

NAME

PART

STREET ADDRESS

CITY-ST.-ZIP

KATANICH, SAMUEL M.
2521 JENNIFER HOPE BLVD
LONGWOOD FL

NAME

PART

STREET ADDRESS

CITY-ST.-ZIP

WOLF, WILLIAM J.
178 BACKBONE RD
SEWICKLEY PA

NAME

PART

STREET ADDRESS

CITY-ST.-ZIP

I, ____________________________, hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption enjoyed in Section 803.0502(3), Florida Statutes. I further certify that the information submitted in the 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, are required by Chapter 803, Florida Statutes, and that my name appears in block 12 or block 13, or both, or a, or is attached with postage.

SIGNATURE: ____________________________  Date: ____________________________

[Handwritten Signature and Typed or Printed Name of Registered Officer or Director]

[Handwritten Date]

[Handwritten Phone Number]