

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:26

DOCUMENT # **H91476** (2)
1. Corporation Name
MERCEDES HOMES REALTY, INC.

Principal Place of Business Mailing Address
**1600 W. EAU GALLIE BLVD.
SUITE 201
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **6767 N. Wickham Rd #500** 26 **6767 N. Wickham Rd #500**
Suite, Apt., etc. #500 Suite, Apt., etc. #500
22 **Melbourne FL** 27 **Melbourne FL**
City & State City & State
23 **32940** 28 **32940**
Zip Country Zip Country

3. Date Incorporated or Qualified **12/16/1985** 3a. Date of Last Report **03/21/1994**
4. FEI Number **59-2624117** 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 has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FRESE, GARY
FRESE, FALLACE, NASH AND TORPY
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BUESCHER, KEITH
STREET ADDRESS	1600 W. EAU GALLIE BLVD., #201
CITY- ST- ZIP	MELBOURNE FL
TITLE	D
NAME	BUESCHER, MERCEDES
STREET ADDRESS	830 KERRY DOWN CIRCLE
CITY- ST- ZIP	MELBOURNE FL
TITLE	D
NAME	BUESCHER, HOWARD
STREET ADDRESS	830 KERRY DOWN CIR.
CITY- ST- ZIP	MELBOURNE FL
TITLE	VD
NAME	BUESCHER, SCOTT M.
STREET ADDRESS	743 GLENGARRY DR
CITY- ST- ZIP	MELBOURNE FL
TITLE	PD
NAME	BUESCHER, SUSAN D.
STREET ADDRESS	11434 S TROPICAL TRAIL
CITY- ST- ZIP	MERRITT ISLAND FL
TITLE	T
NAME	JOSEPH T. FAY
STREET ADDRESS	1948 GLEN MEADOWS CIR
CITY- ST- ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Joseph T. Fay **Joseph T. Fay** 1/20/95 407(259-4972)
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT (NOTE: Registered Agent signature required when re-registering)