

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H91476 (2)**

1. Corporation Name
MERCEDES HOMES REALTY, INC.



Principal Place of Business: **6767 N. WICKHAM RD #500 MELBOURNE FL 32940 US**
Mailing Address: **6767 N. WICKHAM RD #500 MELBOURNE FL 32940 US**

3. Date Incorporated or Qualified: **12/16/1985** 3a. Date of Last Report: **02/07/1995**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

g. 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 607.0532 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, KEITH	1.2 NAME	Buescher, Keith
STREET ADDRESS	1600 W. EAU GALLIE BLVD., #201	1.3 STREET ADDRESS	812 Oak Park Drive
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, MERCEDES	2.2 NAME	
STREET ADDRESS	830 KERRY DOWN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, HOWARD	3.2 NAME	
STREET ADDRESS	830 KERRY DOWN CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, SCOTT M.	4.2 NAME	
STREET ADDRESS	743 GLENGARRY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, SUSAN D.	5.2 NAME	Girard, Susan
STREET ADDRESS	11434 S TROPICAL TRAIL	5.3 STREET ADDRESS	898 Oak Park Drive
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH T. FAY	6.2 NAME	Yelland, Ronald J.
STREET ADDRESS	1948 GLEN MEADOWS CIR	6.3 STREET ADDRESS	5320 Chiswick Circle
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Orlando, FL 32812

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 119.07(3)(k), 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: Ronald J. Yelland **RONALD J. YELLAND** 4/30/96 (407) 259-6972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)