

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32940-2027  
US

**3. Date Incorporated or Qualified**  
12/16/1985

**3a. Date of Last Report**  
05/01/1996

**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**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** Country

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30** Country

**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

**85** Zip Code

**FL**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUESCHER, KEITH</b>	
STREET ADDRESS	<b>812 OAK PARK DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUESCHER, MERCEDES</b>	
STREET ADDRESS	<b>830 KERRY DOWN CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUESCHER, HOWARD</b>	
STREET ADDRESS	<b>830 KERRY DOWN CIR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUESCHER, SCOTT M.</b>	
STREET ADDRESS	<b>743 GLENGARRY DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIRARD, SUSAN</b>	
STREET ADDRESS	<b>898 OAK PARK DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>YELLAND, RONALD J</b>	
STREET ADDRESS	<b>5320 CHISWICK CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Buescher, Keith</b>
1.3 STREET ADDRESS	<b>812 Oak Park Drive</b>
1.4 CITY-ST-ZIP	<b>Melbourne, FL 32940</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Robert M. Kush</b>
2.3 STREET ADDRESS	<b>837 Oak Park Drive</b>
2.4 CITY-ST-ZIP	<b>Melbourne, FL 32940</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Yelland, Ronald J</b>
6.3 STREET ADDRESS	<b>5320 Cheswick Circle</b>
6.4 CITY-ST-ZIP	<b>Orlando, FL 32812</b>

**14. I do 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.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** 4-29-97 **DAYTIME PHONE #:** 407-259-6972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0105168

CR2E034 (9/96)