

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09693 (5)

1. Corporation Name
BCARC HOMES II, INC.



Principal Place of Business: **880 BRIDLE LN, ROCKLEDGE FL 32955, US**
Mailing Address: **1694 CEDAR ST, ROCKLEDGE FL 32955, US**

3. Date Incorporated or Qualified: **06/11/1985**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2864284**
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

9. Name and Address of Current Registered Agent
**DRESSLER, JAMES R
110 DIXIE LANE
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent (81-85)
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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, ELIZABETH	1.2 NAME	Feltrow Brenda
STREET ADDRESS	525 INDIAN RIVER AVE	1.3 STREET ADDRESS	6745 Hartford Rd.
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	Cocoa, FL 32927
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIBL, JAMES C. JR.	2.2 NAME	
STREET ADDRESS	3500 NORTH SYLVAN LANE	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	SANSOM, DIXIE	3.2 NAME	
STREET ADDRESS	110 BARTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, MAC	4.2 NAME	
STREET ADDRESS	C/O TRAVIS HDW, 300 DELANNOY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEINSBERG, JOHN R. JR.	5.2 NAME	
STREET ADDRESS	850 BELHURST LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNS, PAUL	6.2 NAME	Swift, Barry
STREET ADDRESS	3165 N. ATLANTIC AVENUE., R.H., #4	6.3 STREET ADDRESS	201 Barton Blvd.
CITY-ST-ZIP	COCOA BEACH FL	6.4 CITY-ST-ZIP	Rockledge FL 32955

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stan Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-17-96 407-690-3464
Date Daytime Phone #
Ext. 3021

CR2E037 (12/95)