


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 690 BRIDLE LN ROCKLEDGE FL 32955 US	Mailing Address 1694 CEDAR ST ROCKLEDGE FL 32955-3131 US
---	--

3. Date Incorporated or Qualified 06/11/1985	3a. Date of Last Report 04/24/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number 59-2864284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FETROW, BRENDA
STREET ADDRESS	6745 HARTFORD RD.
CITY-ST-ZIP	COCOA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LAIBL, JAMES C. JR.
STREET ADDRESS	3500 NORTH SYLVAN LANE
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SANSOM, DIXIE
STREET ADDRESS	110 BARTON AVENUE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OSBORNE, MAC
STREET ADDRESS	C/O TRAVIS HDW, 300 DELANNOY AVE
CITY-ST-ZIP	COCOA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHWEINSBERG, JOHN R. JR.
STREET ADDRESS	850 BELHURST LN
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SWIFT, BARRY
STREET ADDRESS	201 BARTON BLVD
CITY-ST-ZIP	ROCKLEDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ms. Judy Kraftchick
1.3 STREET ADDRESS	6370 N. Wickham Road
1.4 CITY-ST-ZIP	Melbourne, FL 32940
2.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mr. Gregg Shinn
2.3 STREET ADDRESS	1934 S. Fiske Blvd.
2.4 CITY-ST-ZIP	Rockledge, FL 32955
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. Charles Nutting
3.3 STREET ADDRESS	719 E. Hibiscus Blvd.
3.4 CITY-ST-ZIP	Melbourne, FL 32901
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **4/21/97**

CR2E037 (9/96)