

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000048847 (4)**

1. Corporation Name

**ALL ABOUT HOMES, INC.**



Principal Place of Business

Mailing Address

14891 69TH DR N  
PALM BEACH GARDENS FL 33418-1933

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PALM BEACH GARDENS FL 33418-1933

3. Date Incorporated or Qualified <b>06/20/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0591795</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>PO BOX 7779</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 <b>JUPITER, FL</b>
24 Country	29 <b>33468</b>
25	30 <b>USA</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURNS, H.F. (RICK)**  
14891 69TH DR N  
PALM BEACH GARDENS FL 33418-1933

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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

Signature, typed or printed name of registered agent and state if acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>HUGH RICK BURNS</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>14891 69TH DR NORTH PALM BEACH GARDENS, FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>VICE-PRESIDENT</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>H. ROGER BURNS</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>136 KINGSLAND ST MURRAY, N.J. 07110</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>SECRETARY</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>MONIQUE L BURNS</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>14891 69TH DR NORTH PALM BEACH GARDENS, FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>TREASURER</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>MONIQUE L. BURNS</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>14891 69TH DR NORTH PALM BEACH GARDENS, FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(c), 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: Hugh R Burns **HUGH R BURNS** 4/20/96 407-625-0601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #

CR2E034 (12/95)