

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

FILED

**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004417 (7)
1. Corporation Name
ARTISTIC CUSTOM HOMES, INC.



Principal Place of Business 30971 Ave A RT 5, BOX 788C BIG PINE KEY FL 33043	Mailing Address 30971 Ave A RT 5, BOX 788C BIG PINE KEY FL 33043
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2. Principal Place of Business 21 30971 Ave. A Suite, Apt. #, etc. 22 City & State 23 Big Pine Key, Florida Zip 24 33043	2a. Mailing Address 26 30971 Ave. A Suite, Apt. #, etc. 27 City & State 28 Big Pine Key, Florida Zip 29 33043	Country 25 USA 28 USA 29 USA	3. Date Incorporated or Qualified 01/16/1996	3a. Date of Last Report	4. FEI Number 65-0644050 Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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g. Name and Address of Current Registered Agent DISCHER, MICHAEL T RT 5, BOX 788C BIG PINE KEY FL 33043 30971 Ave. A		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISCHER, MICHAEL T	1.2 NAME	
STREET ADDRESS	RT 5, BOX 788C 30971 Ave A	1.3 STREET ADDRESS	30971 Ave. A
CITY-ST-ZIP	BIG PINE KEY FL 33043	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISCHER, RUTH E	2.2 NAME	
STREET ADDRESS	%RT 5, BOX 788C 30971 Ave A	2.3 STREET ADDRESS	30971 Ave. A
CITY-ST-ZIP	BIG PINE KEY FL 33043	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALCINSOY, ABRAHAM "TONY"	3.2 NAME	
STREET ADDRESS	%RT 5, BOX 788C 30971 Ave A	3.3 STREET ADDRESS	30971 Ave. A
CITY-ST-ZIP	BIG PINE KEY FL 33043	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	100002175081
STREET ADDRESS		6.3 STREET ADDRESS	-05/12/97--01104--017
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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: Michael T. Discher Michael T. Discher 3-12-97 (305)872-0647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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5/7/97