FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 21 1997 8:00am
Secretary of State

DOCUMENT # **P96000051322 (1)**

1. Corporation Name
ASSOCIATES HOME CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1232 FERDINAND STREET CORAL GABLES FL 33134	1232 FERDINAND STREET CORAL GABLES FL 33134-2139

3. Date Incorporated or Qualified: 06/17/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 905 SE 14 Place	26 905 SE 14 Place
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27 Suite C
City & State 23 Cape Coral FL	City & State 28 Cape Coral FL
Zip 24 33990 Country 25 USA	Zip 29 33990 Country 30 USA

4. FEI Number: 59-2293602 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON , RALPH K 905 CSE 14 PLACE ~~CORAL GABLES~~ FL 33990 CAPE CORAL	81 Name 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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	WILSON, RALPH K	12 NAME	
STREET ADDRESS	9058 CSE 14 PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES~~ FL 33990	14 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	STD ☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	PENTON, FRED W	22 NAME	
STREET ADDRESS	9058 CSE 14 PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	~~CORAL GABLES~~ FL 33990	24 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____