


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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 185463 (7)
1. Corporation Name
BRITE HOMES INC

Principal Place of Business
1231 - 99TH STREET
BAY HARBOR ISLANDS FL 33154

Mailing Address
666 71ST ST
MIAMI BEACH FL 33141
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1955	
21		26		4. FEI Number 59-6060978	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERSON, GARY R. CPA 666 71ST STREET MIAMI BEACH FL 33141		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ORLEANS, HARRY	1.2 NAME	GERSON, GARY R.
STREET ADDRESS	1231 99 ST.	1.3 STREET ADDRESS	666 71ST STREET
CITY - ST - ZIP	BAY HARBOR ISLAND FL	1.4 CITY - ST - ZIP	MIAMI BEACH FL 33141
TITLE	D	2.1 TITLE	SECY / TREAS / DIR.
NAME	ORLEANS, VIRGINIA	2.2 NAME	ORLEANS, DORIS
STREET ADDRESS	1231 99 ST.	2.3 STREET ADDRESS	444 E. 82ND ST
CITY - ST - ZIP	BAY HARBOR ISLAND FL	2.4 CITY - ST - ZIP	NEW YORK, NY 10028
TITLE	RA	3.1 TITLE	
NAME	GERSON, GARY R.	3.2 NAME	
STREET ADDRESS	666 71ST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:  SIGNATURE REQUIRED

1/6/98

CH2E034 (10/97)