


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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 370862 (5) 1. Corporation Name CLEARWATER PRESTIGE HOMES, INC.		



Principal Place of Business 27839 US HWY 19 N. STE C CLEARWATER FL 34621 US	Mailing Address % 7 DAYS LP GAS 27839 US HWY 19 NORTH STE. C CLEARWATER FL 34621-4829
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21 Principal Place of Business Suite, Apt #, etc. 22 City & State Zip 23 Country 24	2a. Mailing Address Suite, Apt #, etc. 27 City & State Zip 28 Country 29
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3. Date Incorporated or Qualified 10/06/1970	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1361147	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	

9. Name and Address of Current Registered Agent KUHN, DEBRA D. 1391 DINNERBELL LANE EAST DUNEDIN FL 34898	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
12. TITLE VP NAME KUHN, VICTOR STREET ADDRESS 795 COUNTY RD. 1, #210 CITY - ST - ZIP PALM HARBOR FL	<input type="checkbox"/> DELETE
13. TITLE PD NAME KUHN, VICTOR LYLE STREET ADDRESS 1391 DINNERBELL LANE EAST CITY - ST - ZIP DUNEDIN FL	<input type="checkbox"/> DELETE
14. TITLE STD NAME KUHN, DEBRA STREET ADDRESS 1391 DINNERBELL LANE EAST CITY - ST - ZIP DUNEDIN FL	<input type="checkbox"/> DELETE
15. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
16. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
17. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debra D. Kuhn Date: 4/8/97 Daytime Phone #: 813-199-9767

CR2E034 (9/96)