FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # 372562 (9)

1. Corporation Name
K & W HOME BUILDERS INC.
1997

[redacted]

Principal Place of Business
4346 DUNBARTON #3
P. O. BOX 13590
TAMPA FL 33681 3590
US

Mailing Address
P O BOX 13590
P. O. BOX 13590
TAMPA FL 33681 3590
US

3. Date Incorporated or Qualified: 11/09/1970
3a. Date of Last Report: 4-23-96
4. FEI Number: 59-1310119 — 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 [X] Yes [ ] No

2. Principal Place of Business
1 ___
Suite, Apt. #, etc.
2 ___
City & State
3 ___
Zip 4 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
KESSLER, WALTER H.
4346 DUNBARTON #3
TAMPA, FL EF 33611

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ___ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ___

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	WITTCOFF, RICHARD K.		1.2 NAME	
STREET ADDRESS	#702E 5700 MARINER DR		1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	WITTCOFF, ROSLYN K.		2.2 NAME	
STREET ADDRESS	#702E 5700 MARINER DR		2.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	PD	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	KESSLER, WALTER H.		3.2 NAME	
STREET ADDRESS	4346 DUNBARTON #3		3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY ST ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY ST ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	000002191920 -05/27/97--01110--024 ***165.00 05 5/14/97
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)(k), 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: Walter H. Kessler WALTER H. KESSLER 5-7-97 (813)839-5967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0458034 TP