

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **408711** (0)

1. Corporation Name

P.R.F. HOMES, INC.



Principal Place of Business

Mailing Address

**5029 OXFORD DR.
 SARASOTA FL 34242
 US**

**5029 OXFORD DR.
 SARASOTA FL 34242
 US**

3. Date Incorporated or Qualified
09/14/1972

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **2374 MACLAURA HALL AVE**

26 **2374 MACLAURA HALL AVE**

4. FEI Number
59-1628935

Applied For
 Not Applicable

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
CHARLESTON SC

28 City & State
CHARLESTON SC

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip
29414

25 Country
USO

29 Zip
29414

30 Country
USA

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

**FINE, PAUL R.
 5029 OXFORD DR.
 SUITE 201
 SARASOTA FL 34242**

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

Signature, typed or printed name of registered agent and firm, if applicable

(If 2011 Registered Agent signature required when to state)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	FINE, PAUL R.	5029 OXFORD DR.	SARASOTA FL	<input checked="" type="checkbox"/>
STD	FINE, SALLY R.	5029 OXFORD DR.	SARASOTA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
FINE, PAUL R.	PRESIDENT	2374 MACLAURA HALL AVE	CHARLESTON SC 29414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	FINE, SALLY R.	2374 MACLAURA HALL AVE	CHARLESTON, SC 29414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul R. Fine

PAUL R. FINE

7/8/96

803-763-1143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)