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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 408711

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P.R.F. HOMES, INC.

FILED Jan 16 1997 8:00am Secretary of State



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2374 MACLAVE CHARLESTON US		2374 MACLAYRA HALL CHARLESTON SC 2941 US	4-7143				
03		Thi	66 U	NOV	3. Date Incorporated or Qualified 09/14/1972	3a. Date of Last Report 07/12/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied Fo	or
21 2574	MACLAURA HOLLAD	26 23 74 MAC	LAURA 1	HALL BYC	59-1628935	Not Applica	able
Suite, Apt. i 22	#, eta	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona Fee Required	al	
	Righton, Sc	28 CHARLE	87001,	<u>د</u> ن	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	1
Zp 29414		²¹⁰ 29414	30 Count	Šæ-		Yes No	2,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ri	gistered Agent	
	E, PAUL R.		6	1 YZA-U	il r fwe		
	9 Oxford dr. Te 201		8	2 Street Addr	ress (P.O. Box Number is Not Accepta	ble)	
	IASOTA FL 34242		8	3 CAA	S. OSPRBY AU	F 7116 A	
. Oraș	POOTA TE GIETE		Ļ	300	CASATA		<u>'</u>
	• •		8	4 City	21 BET W		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the abo	ve-named corp	poration submits this statement for the	purpose of changing its registe	ered
office or re agent. Lar	egistered agent, or both, in the State on familiar with and accordance	of Florida. Such change wa tions of Section 607.0505.	as authorized Fiorida Statut	by the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registere	ed
SIGNATURE	foul & time	Pa	16 L- 17	, FINE	Phas.	997	
SIGNATORE.	Signature, typed or printed name of registered agon	t and too if applicable (N	IOIE Registered A	igent signature requir		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		1000
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NAME	FINE, PAUL R.) 2374 MACLAWRA HALL AVE &	~	1.2 NAM	_	2374 MACLAU	RA HAZZ AUT	と
STREET ADORESS	CHAREMETON SC			ET ADDRESS	ZHARLUSTON	S	
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The indexing certaing that the information supplied with this iming does not quality 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 control 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 3 if manned of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR