

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

FILED

Feb 20 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 # **417389** (4)

1. Corporation Name
SUNCREST HOMES, INC.

Principal Place of Business
**905 BUENA VISTA AVE.
BROOKSVILLE FL 34801**

Mailing Address
**905 BUENA VISTA AVE.
BROOKSVILLE FL 34801-3617**



3. Date Incorporated or Qualified **01/23/1973** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business 21 622 Erin Way Suite, Apt. #, etc. 22 Brooksville, FL City & State 23 34601 Zip 24 Hernando Country	2a. Mailing Address 26 622 Erin Way Suite, Apt. #, etc. 27 Brooksville, FL City & State 28 34601 Zip 29 Hernando Country
--	---

4. FEI Number 59-1453009	Applied For <input type="checkbox"/> 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 COOK, ED J 905 BUENA VISTA AVENUE BROOKSVILLE FL 33512	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
--	---

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, ED J		12 NAME	
STREET ADDRESS 905 BUENA VISTA AVE		13 STREET ADDRESS	
CITY- ST- ZIP BROOKSVILLE, FL 00000		14 CITY- ST- ZIP	
TITLE ST	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, JOAN K		22 NAME	
STREET ADDRESS 905 BUENA VISTA AVE		23 STREET ADDRESS	
CITY- ST- ZIP BROOKSVILLE, FL 00000		24 CITY- ST- ZIP	
TITLE ST	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, JOAN K		32 NAME	
STREET ADDRESS 905 BUENA VISTA AVE		33 STREET ADDRESS	
CITY- ST- ZIP BROOKSVILLE, FL 00000		34 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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: Joan K. Cook - Joan K. Cook 2/13/97 352-544-6230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)