


FILED

Apr 21 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 # 456559 (4)		
1. Corporation Name TWIN LAKES COUNTRY HOMES, INC.		
Principal Place of Business ATTN: LEONARD CAPLIN. PRES. 8817 S.W. 68 COURT MIAMI FL 33143		Mailing Address ATTN: LEONARD CAPLIN. PRES. 8617 S.W. 68 COURT MIAMI FL 33143-7839
2. Principal Place of Business		2a. Mailing Address
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.
22 City & State		27 City & State
23 Zip		28 Zip
24 Country		29 Country
g. Name and Address of Current Registered Agent		
CAPLIN, LEONARD 8617 S.W. 68 COURT MIAMI FL 33143		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CAPLIN, LEONARD 8617 SW 68 COURT MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAPLIN, MARILYN 8617 SW 68 COURT MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SB CAPLIN, TODD 9900 BELGARDE RD. MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAPLIN, RICHARD 4301 TWIN LAKES DR. MELBOURNE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
13.		
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE:		
Signature and typed or printed name of signing officer or director		



CR2E034 (9/96)