

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 471443

(2)

1. Corporation Name

CARRIAGE HOUSE CUSTOM HOMES, INC.



Principal Place of Business

2583 MONACO CIRCLE
PALM BEACH GARDENS FL 33410

Mailing Address

2583 MONACO CIRCLE
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

03/06/1975

3a. Date of Last Report

02/03/1995

4. FEI Number

59-1580205

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



Yes



No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

RUSSO, FRANCIS
2583 MONACO CIRCLE
PALM BEACH GARDENS FL 33410

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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Agent or Director who is Filing

DATE

12. OFFICERS AND DIRECTORS

1. NAME
P
RUSSO, FRANCIS
2. STREET ADDRESS
2583 MONACO CIRCLE
3. CITY, STATE, ZIP
PALM BEACH GARDENS FL 33410
4. TITLE
ST
5. NAME
RUSSO, LINDA
6. STREET ADDRESS
2583 MONACO CIRCLE
7. CITY, STATE, ZIP
PALM BEACH GARDENS FL 33410
8. TITLE
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9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
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19. STREET ADDRESS
20. CITY, STATE, ZIP

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1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

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14. I 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)(ix), 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. 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 Block 13.

SIGNATURE: FRANCIS RUSSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 407-627-4686
DATE OF FILING PHONE NUMBER

CR2E034 (12/95)