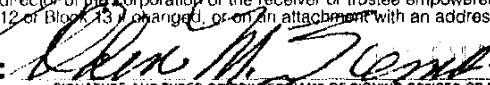


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 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 # 503857 (5)					
1. Corporation Name ALDEN HOMES, INC.					
Principal Place of Business 7100 N. KENDALL DR., #100 P.O. BOX 560834 MIAMI FL 33256-7834			Mailing Address 7100 N. KENDALL DR., #100 P.O. BOX 560834 MIAMI FL 33256-0834		
2. Principal Place of Business 21 9000 S.W. 152 St. #102 Suite, Apt. #, etc. 22 P.O. Box 560834 City & State 23 Miami, FL 33256-0834 Zip 24		2a. Mailing Address 26 9000 S.W. 152 St. #102 Suite, Apt. #, etc. 27 P.O. Box 560834 City & State 28 Miami, FL 33256-0834 Zip 29 Country 30		3. Date Incorporated or Qualified 05/24/1976 3a. Date of Last Report 02/13/1996 4. FEI Number 59-1673599 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	
9. Name and Address of Current Registered Agent WHITE, RICHARD M. 7100 NORTH KENDALL DRIVE MIAMI FL 33156			10. Name and Address of New Registered Agent 81 Name WHITE, RICHARD M. 82 Street Address (P.O. Box Number is Not Acceptable) 9000 S.W. 152 St. #102 83 84 City Miami FL 85 Zip Code 33157		
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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PSD	☐ DELETE			
NAME	ZIEMAN, ALDEN				
STREET ADDRESS	7100 N. KENDALL DRIVE				
CITY - ST - ZIP	MIAMI FL				
TITLE	VT	☐ DELETE			
NAME	ZIEMAN, BERNARD M.				
STREET ADDRESS	130 DAMARISCOTTA				
CITY - ST - ZIP	DAMARISCOTTA MA				
TITLE	AS	☐ DELETE			
NAME	GUTFLEISH, MEREDITH				
STREET ADDRESS	10 KEARSAGE AVE				
CITY - ST - ZIP	W HYANNISPORT MA				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PSD	☒ Change ☐ Addition			
1.2 NAME	ZIEMAN, ALDEN				
1.3 STREET ADDRESS	9000 S.W. 152 St. #102				
1.4 CITY - ST - ZIP	Miami, FL 33157	☒ Change ☐ Addition			
2.1 TITLE	VT	☒ Change ☐ Addition			
2.2 NAME	ZIEMAN, BERNARD M.				
2.3 STREET ADDRESS	49 Shaeffer Rd.				
2.4 CITY - ST - ZIP	Centerville, MA 02632	☒ Change ☐ Addition			
3.1 TITLE	AS	☒ Change ☐ Addition			
3.2 NAME	GUTFLEISH, MEREDITH				
3.3 STREET ADDRESS	19 Osage Rd.				
3.4 CITY - ST - ZIP	Oakland, NJ 07436	☐ Change ☐ Addition			
4.1 TITLE		☐ Change ☐ Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		☐ Change ☐ Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		☐ Change ☐ Addition			
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 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, unchanged, or on an attachment with an address.					
SIGNATURE:  3-24-97 305-3750266					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)