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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation	MENT # 55997	1 (7)				
	ISON/GORE HOMES, INC.					
Principal Place of Business		Mailing Address	Mailing Address		I LEBIGI BIRDI DELLE RELIGIO EDILI FREDI	ISBA BIBII BIBII BIBIL BIBIL BIBII BIBII IBBI
2345 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH FL 33442		2345 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH FL 33442		Date Incorporated or Qualified 3a. Date of Last Report		
					02/16/1978	02/20/1995
2. Principal Place of Business		2a. Mailing Address	<u>⊢</u> 1		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite Apt # etc	Suite, Apt. #, etc.		59-1837257	Not Applicable \$8.75 Additional
22		<u></u>	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	 !		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for it	
24	25	29	30		Florida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Currer	n Hegistereo Agent	81	Name	IV. Name and Address of New R	egistered Agent
ANDEROOM ANGUARI D					and the same of the same and the same of t	
ANDERSON, MICHAEL R. 2019 WOODLAKE CIR. N.			82 Street Ad		dress (P.O. Box Number is Not Acceptable	e)
	ELD BEACH FL 33442		83			
DECIMIE	LED BEAGITTE GOTTE		-64			Toel 7: Care
			84	Gity		FL 85 Zip Code
or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the plantings, Sec	and 607.1508, Florida Statu da. Such change was author on a Florida Statute	ites, the above-rized by the corp is.	named corpo oration's boo	oration submits this statement for the purp and of directors. Thereby accept the appo	cose of changing its registered office intrinent as registered agent. I am
	Signature, typed or printed name of experimed agent		IOTE: Registered Ager	it signature requir		DATE CASS NO STREET
12.		OFFICERS AND DIRECTORS		т -	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME	PTD DELETE ANDERSON, MICHAEL R.		1. 1 TITLE 1.2 NAME			Change Li Adumon
STREET ADDRESS			1.3 STREET	ADDRESS		
CHTY-ST-ZIP	DEERFIELD BEACH FL		1.4 O(1Y - S			
TITLE	VSD	DELETE	2 1 1 TILE	'''''	VSD GORE, Robert 5 2345 W. Hillsb Deerfield Bo	Change Addition
NAME	GORE, ROBERT J.		2.2 NAME		GORE Robert J	
STREET ADDRESS	183 DEER CREEK BLVD.		2.3 STREET	ADDRESS	2 245 W. H:1186	one Blue, Euteld
CITY-S1-ZIP	DEERFIELD BEACH FL			01 - ZIP	Deer Field Be	L. FI. 33442
TITLE	VP	DELETE	3. 1 DILE			Change Addition
NAME	GARVANIAN, PHOMAS		3.2 NAME			
STREET ADDRESS	13605 S. DIXIE HWY #302		3.3 STREE			
CHTY-ST-ZIP	MIAMI FE	DELETE	3.4 CHY-S	iT - ZIF		Change Addition
TITLE			4.1 TITLE 4.2 NAME			
NAME STREET ADDRESS			4.3 STREET	MINDESS		
CITY-ST-ZIP			4.3 STACE (1		
TIFLE		DELETE	5 1 Title	11-211		Change Addition
NAME			5.2 NAME			•
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-S1-ZIP			5.4 C(TY - S	I - 7IP		
TITLE		☐ DELETE	6. 1 TITLE	-	• • • • • • • • • • • • • • • • • • • •	☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63STREFT	ADDRESS		
CITY-ST-ZIP			6.4 CiTY - S	T - Z4P		

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: