

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 27 AM 10:50

SECRETARY OF STATE



DOCUMENT # 559971 (7)
1. Corporation Name
ANDERSON/GORE HOMES, INC.

Principal Place of Business: **2345 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH FL 33442**
Mailing Address: **2345 W. HILLSBORO BLVD. SUITE 101 DEERFIELD BEACH FL 33442**

REINSTATEMENT 01

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 1003 EAST MACK BAYOU DR.		26 1003 EAST MACK BAYOU DR.		59-1837257		02/16/1978	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 SANTA ROSA BEACH		28 SANTA ROSA BEACH		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 32459		25 WALTON		29 32459		30 WALTON	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**ANDERSON, MICHAEL R.
2019 WOODLAKE CIR. N.
DEERFIELD BEACH FL 33442**

81 Name **GORE, ROBERT J.**
82 Street Address (P.O. Box Number is Not Acceptable)
1003 EAST MACK BAYOU DRIVE
83
84 City **SANTA ROSA BEACH FL** 85 Zip Code **32459**

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 *[Signature]* DATE **8-21-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MICHAEL R.	1.2 NAME	
STREET ADDRESS	2019 WOODLAKE CIR. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORE, ROBERT J.	2.2 NAME	PTD
STREET ADDRESS	2345 W HILLSBORO BLVD SUITE 101	2.3 STREET ADDRESS	GORE, ROBERT J.
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP	1003 East Mack Bayou Drive
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	800002332608-7
CITY-ST-ZIP		4.3 STREET ADDRESS	-10/29/97--01077--010
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	****750.00 ****750.00
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	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 if changed, or on an attachment with an address.

CR2E034 (4/97)