

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 562569 (4)

1. Corporation Name
HOUCHIN CONSTRUCTION, INC.



Principal Place of Business: 71 COMMERCIAL BLVD. P.O. BOX 8393 NAPLES FL 33941
Mailing Address: 71 COMMERCIAL BLVD. P.O. BOX 8393 NAPLES FL 33941

3. Date Incorporated or Qualified: 03/21/1978
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1833447
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: [X] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**HOUCHIN, ROBERT E.
2303 QUEENS WAY
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: 85 Zip Code: FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1. TITLE: PT
2. NAME: HOUCHIN, ROBERT EUGENE
3. STREET ADDRESS: 2303 QUEENS WAY
4. CITY-STATE-ZIP: NAPLES, FL 00000
5. TITLE: VS
6. NAME: O'DEAN, MALCOLM H.
7. STREET ADDRESS: 711-21ST STREET, S.W.
8. CITY-STATE-ZIP: NAPLES FL
9. TITLE: [] DELETE
10. NAME: [] DELETE
11. STREET ADDRESS: [] DELETE
12. CITY-STATE-ZIP: [] DELETE
13. TITLE: [] DELETE
14. NAME: [] DELETE
15. STREET ADDRESS: [] DELETE
16. CITY-STATE-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: [] Change [] Addition
1.3 STREET ADDRESS: [] Change [] Addition
1.4 CITY-STATE-ZIP: [] Change [] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-STATE-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-STATE-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-STATE-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-STATE-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-STATE-ZIP: [] Change [] Addition

14. I do 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)(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: ROBERT E. HOUCHIN PRESIDENT Date: FEBRUARY 5, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)