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

	PROFIT CORPORATION NNUAL REPORT 1996	Sandra I Secreta	RTMENT OF STATE B. Mortham Iry of State CORPORATIONS		
1. Corp	CUMENT # 6396	(')			
SI	EVILLE HOMEBUILDERS, INC) }•		! ! IBANIA BNIAR HINA NEWA BUNI BNAA	
1	Place of Business	Mailing Address			
	CAVALLA LOOP NGOLA FL 32526	2446 CAVALLA LOOP PENSACOLA FL 32526			
				3. Date Incorporated or Qualified	3a. Date of Last Report
	pal Place of Business	2a. Mailing Address		10/15/1979 4. FET Number	06/26/1995 Applied For
21 Suite,	Apt. #, etc.	Suite Apt. #, etc		59-1952313	Not Applicable
22	State	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Z _{ID}		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	7ip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	tangible tax under s. 199.032,
<u> </u>	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
226 % I PEI	IANO, SAM A. 3 South Palafox Street Levin, Warfield, Middlebrook NSACOLA FL 32501		83 84 City	ress (P.O. Box Number is Not Acceptable	■ 85 Zip Code
11. Pursu or reg famili SiGNATU	ar with, and accept the obligations of, Si	ection 607.0505, Florida Statutes	, , , , , , , , , , , , , , , , , , , ,	ration submits this statement for the purport of directors. Thereby accept the appoin	
12.		AND DIRECTORS	Registered Agent signature require	d whate recisions/ ADDITIONS/CHANGES TO OFFIC	CATE
TITLE	DP	☐ DELETE	1 1 TIT±F	ADDITIONS CHANGES TO OFFIC	Change Addition
NAME STREET ADDR	ETTO ONTALES COOF		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PENSACOLA FL 32501 DVP	☐ DELETE	1 4 CITY - S1 - ZIP		
NAME STREET ADOR	DOWNEY, HARRIET		2 1 TITLE 2 2 NAME		Change Addition
CHTY - ST - ZIP			2.3 STREET ADDRESS 2.4 Crty-St. Zip		
TITLE		DELETE	3 1 TIFLE	133.	☐ Change ☐ Addition
NAME STREET ADOR	cec .		3.2 NAME		
CITY - ST - 719	122		3.3 STREET ADDRESS		
THILE		DELFTE	3.4 C-TY - ST - ZIP 4.1 TITLE		
NAME			4.2 NAME		☐ Change ☐ Addition
STREET ADDR	ESS		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.017.Y - \$1 - ZIP		
TITLE		☐ DELETE	5 1 PITLE		☐ Change ☐ Addition
NAME STREET ADDRE	22-5		5.2 NAME		_
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5 4 CHTY - ST - ZIP 6 1 TITLE		
NAME			62 NAME		Change Addition
STREET ADDRE	SS		6.3 STREET ADDRESS		
CHY-ST-ZIF	graby codify that the information		6 4 CiTY - ST - ZIP		

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filting 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 surplemental annual report is true and accurate and that triy signature shall have the same legal effect as if made under appears in Block 12 or Block 13 changed, or or an acadimient with an address.

SIGNATURE:

Value And Type OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

164 CITY-ST-ZIP

64 CITY-ST-ZIP

65 CITY-ST-ZIP

65 CITY-ST-ZIP

66 CITY-ST-ZIP

66 CITY-ST-ZIP

67 CITY-ST-ZIP

68 CIT

CR2E034 (12/95)