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

642288

(5)

 Corporation 	EWOOD HOMES, INC.	38 (5) Mailing Address			
750 WENTWORTH STREET W ENGLEWOOD FL 34223		750 WENTWORTH STRI ENGLEWOOD FL 34223			
				3. Date incorporated or Qualified 10/19/1979	3a. Date of Last Report 04/25/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1952823	Applied For Not Applicable
Suite, Apt. #	⊭, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	4 ··· ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(p 24	Country 25	Zip 29	Count y	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Curre		11	10. Name and Address of New F	
DICKINSON, ROBERT A. 460 SOUTH INDIANA, AVENUE ENGLEWOOD FL 34223			 81 Name 82 Street A 	ddress (P.O. Box Number is Not Acceptab	JIO)
			84 City		FL 85 Zip Code
familiar wit	and agent, or born, in the state of his h, and accept the obligations of, Sec Symbol, typed or phismologic of registered age	nod, stron change was authorize etion 607.0505, Florida Statutes.	Fleg senso Agent sopation to	poration submits this statement for the purpord of directors. I hereby accept the app	ointiment as registered agent. I am
TITLE	D	DELETE	1 17/10	P/D	Change Add-tion
NAME	JAMES, CLIFFORD R, JR	<u> </u>		JAMES, CLIFFORD R.	
STREET ADDRESS CITY-ST-ZIP	750 WENTWORTH STREET, ENGLEWOOD, FL 3423	W	1.3 STRE T ADDRESS	750 WENTWORTH STRE	EET, W
TITLE	Р	X DELETE	2 1 TITUE	ENGLEWOOD, FL 3422	
NAME	MOORE, NICHOLAS WARLA	\	2.2 NAME		Change Addit-on
STREET ADDRESS	11247 PENDLETON AVENUE ENGLEWOOD FL	E, API B	2.3 STHE: T ADDRESS		
CITY - ST - ZIP	ENGLEWOOD FL	Filos, cre	2 4 CITY - ST - 7'P		
TITLE NAME		DELETE	3 1 11/01		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STRE-T ADDRESS		
CITY-ST-ZIP			3.4 CITY+S1+ZIP		
TITLE		☐ DELETE	4 1 July		☐ Change ☐ Addition
NAME			4.2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CHY-ST ZIP		
TITLE		☐ DELETE	5 1 117.6		Change Addition
NAME CERECT ADORESCE			5.2 NAME		
STREET ADORESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIEY - S1 - 7IP		Change Cl Addition
NAME		_ опен	62 NAME		Change Addit on
STREET ADDRESS			6.3 STREET ADDRESS		
CrTY-ST-ZiP			6.4 O(TY-ST-Z)P		
14. I do hereby certify that oath, that I	the information indicated on this ann	uat report or supplemental annua oration or the receiver or trustee	hed and dobs not quali al report is true and acc empowered to execute	fy for the exemption stated in Section 119, urate and that my signature shall have the this report as required by Chapter 637, Fig.	compo kiesal officat on if mode under

SIGNATURE: 54

Liftord K. James J. Signing OFFICER OR DIRECTOR

474-5679