CORPOR ANNUAL 199	REPORT	FLORIDA DEPART Sandra B Secretary Division Of Co	Mortham r of State		
OCUME corporation Nam	NT # 644197	(6)			
orporation Name TIVOLI HOMES, INC.					
cipal Place of B 101 DEL SOL B MRASOTA FL-24 S	NUSINESS LYD 17 BISHUPSCOURT 1243-2660 DSFREY, FL 3427	Mailing Address 12 B KU-6250 LONGWOOD BLVD SARASOTA FL 34243-26	ISHOPSCOKRT RK - OSPREY, FL 80 34729		3a. Date of Last Report 05/01/1995
	(F) since	2a. Mailing Address		4. FEI Number	Applied For
Principal Place o	Ot Briziliess	26		59-1963456	Not Applicable \$8.75 Additional
Suite, Apt. #, et	to.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	8 This corporation has liability/>	r intangible tax under s. 199.032, os.
	25 9. Name and Address of Curren	29 Registered Agent	[30]	10. Name and Address of New	Registered Agent
			+ <u>-</u> +		85 Zip Code
Pursuant to t or registered famil ar with,	the provisions of Sections 607,0502 agent, or both, in the State of Flora and accept the obligations of Sect	and 607,1508, Florida Statut da Such change was authorz ion 6-77,0805, Florida Statutes	84 City es, the above named corpored by the corporation's bool	ration submits this statement for the p ra of directors. Thereby accept the ap	purpose of changing its registered of ppointmerit as registered agent. I am
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SIGNATURE:

certify that the information indicated on this annual report or suppliements annual report is to cath; that I am an officer or director of the couporation or the received or trustee empowered to cath; that I am an officer or director of the couporation or the received or trustee empowered to cath; that I am an officer or director appears in Block 12 or Block 13 if changed, or or an attachment with an address.

IGNATURE:

SIGNATURE AND THEO OR PRINTEGNAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 941 918-9322