

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 651265 (1)

1. Corporation Name
MORRISON HOMES OF FLORIDA, INC.



Principal Place of Business: 250 PARK AVE SOUTH, STE 300, WINTER PK FL 32789 US
 Mailing Address: 1080 HOLCOMB BRIDGE ROAD, BUILDING 200, SUITE 210, ROSWELL GA 30076 US

3. Date Incorporated or Qualified: 11/07/1979
 3a. Date of Last Report: 02/14/1995
 4. FEI Number: 59-1971152
 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: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City: FL
 B5 Zip Code

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 of the principal place of business of registered agent and title (applicable)

(NOTE: Registered Agent's signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | DCP | <input type="checkbox"/> DELETE |
| NAME | CLINE, STEWART | |
| STREET ADDRESS | 1080 HOLCOMB BRIDGE RD., BLDG. 200, #210 | |
| CITY-ST-ZIP | ROSWELL GA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DEBITTO, JOHN B. | |
| STREET ADDRESS | 250 PARK AVE SOUTH, STE 300 | |
| CITY-ST-ZIP | WINTER PK FL | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | VAN STEE, BRUCE J. | |
| STREET ADDRESS | 1080 HOLCOMB BRIDGE RD., BLDG. 200, #210 | |
| CITY-ST-ZIP | ROSWELL GA | |
| TITLE | DVS | <input type="checkbox"/> DELETE |
| NAME | HAYES, RUSSELL E. | |
| STREET ADDRESS | 1080 HOLCOMB BRIDGE RD., BLDG. 200, #210 | |
| CITY-ST-ZIP | ROSWELL GA | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | BOWLES, H. R. | |
| STREET ADDRESS | 201 N NEW YORK AVE #200 | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHAUB, FREDERICK G. | |
| STREET ADDRESS | 250 PARK AVE., SOUTH, SUITE 300 | |
| CITY-ST-ZIP | WINTER PARK FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|---|--|
| 11 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Eduardo A. Camet | |
| 13 STREET ADDRESS | 9050 Pines Blvd., Ste. 260 | |
| 14 CITY-ST-ZIP | Pembroke Pines, FL 33024 | |
| 21 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Steven A. Parker | |
| 23 STREET ADDRESS | 250 Park Ave. South, Suite 300 | |
| 24 CITY-ST-ZIP | Winter Park, FL 32789 | |
| 31 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | Larry W. Peebles | |
| 33 STREET ADDRESS | 3550 Buschwood Park Dr., Suite 210 | |
| 34 CITY-ST-ZIP | Tampa, FL 33618-4437 | |
| 41 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Ann S. Schaefer | |
| 43 STREET ADDRESS | 1080 Holcomb Bridge Rd., Bldg. 200, Ste 190 | |
| 44 CITY-ST-ZIP | Roswell, GA 30076 | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

06/10/96

770-998-9044

SIGNATURE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)