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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 673229 (1)EDWARD J. HUEGEL CUSTOM HOMES, INC. Principal Place of Business Mailing Address 278 CAPRI BY 278 CAPRI BV PO BOX 2085 PO-BOX-2006 MARCO ISLAND FL 33969 MARCO ISLAND FL 89969 3. Date Incorporated or Qualified 3a. Date of Last Report NAPKS F133962 06/12/1980 03/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2015936 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{1D} Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUEGEL, EDWARD J 278 CAPRI BV 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962 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 Frorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide diapplication (NOTE: Registered Agent's gnature required when reinstiting). 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3.6)TITLE DELETE 1 1 TITLE Change Addition HUEGEL, EDWARD J. NAME 1.2 NAME CR2E034 STREET ADDRESS 278 CAPRI BV 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1 4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition NAME HUEGEL, SCOTT 2.2 NAME 278 CAPRI BLVD STREET ADDRESS 2.3 STHEET ADDRESS NAPLES FL CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TIELE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAM5 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY - ST - ZIP TITLE DELETE 6.1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP -6,4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntary 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 angual report of supplemental adriual report is true and accurate and that mysignature shall have the same legal effect as if made under oath, that I am all officer or discrete in the purporation or the receiver of trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 tychargord, aron an attact riment with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR