FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **689945** **(4)**

1. Corporation Name
HALIFAX DESIGNER HOMES, INC.

Principal Place of Business
C/O WILLIAM D. KRAMER, P.A.
567 ELKCAM CIRCLE
MARCO ISLAND FL 33937

Mailing Address
C/O WILLIAM D. KRAMER, P.A.
567 ELKCAM CIRCLE
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 10/01/1980
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address 26: 950 N. Collier Blvd
Suite, Apt. #, etc. 27: Suite #301
City & State 28: Marco Island, FL
Zip 29: 33937 Country 30: USA

4. FEI Number: 58-2030744 — Applied For / Not Applicable

5. Certificate of Status Desired: XXX — $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 taxable tax under s. 199.032, Florida Statutes: XXX Yes ☐ No

9. Name and Address of Current Registered Agent
KRAMER, WILLIAM D.
POST PLAZA CENTER
567 ELKCAM CIRCLE
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name: No Change
82 Street Address (P.O. Box Number is Not Acceptable): Suite #301
83: 950 N. Collier Blvd
84 City: Marco Island 85 Zip Code: 33937 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 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: William D. Kramer DATE: 04/20/96
Signature of Typed or Printed Name of Registered Agent — Date — Registered Agent Signature required for name change or address change

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ALKSNINIS, ALGIRDAS
STREET ADDRESS	1217 FRUITLAND AVE.
CITY-ST-ZIP	MARCO ISLAND FL
☐ DELETE	
TITLE	V
NAME	ALKSNINIS, EUGENIA D.
STREET ADDRESS	1217 FRUITLAND AVE
CITY-ST-ZIP	MARCO ISLAND FL
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Algirdas Alksninis — 4/1/96 — 941-394-1415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALGIRDAS ALKSNINIS

CR2E034 (12/95)