

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 950 NORTH COLLIER BOULEVARD SUITE 301 MARCO ISLAND FL 34145-2718 US
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2. Principal Place of Business 21 C/O WILLIAM D. KRAMER, P.A.	2a. Mailing Address 26 C/O W.D. KRAMER	3. Date Incorporated or Qualified 10/01/1980	3a. Date of Last Report 04/24/1996
Suite, Apt. #, etc. 22 1838 40TH TERRACE SW	Suite, Apt. #, etc. 27 1838 40TH TERRACE SW	4. FEI Number 58-2030744	Applied For <input type="checkbox"/> Not Applicable
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34116	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
	Zip 29 34116	Country 30 US	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent KRAMER, WILLIAM D. 950 NORTH COLLIER BOULEVARD SUITE 301 MARCO ISLAND FL 33937	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 1838 40TH TERRACE SW 83 84 City NAPLES FL 85 Zip Code 34116
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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* **WILLIAM D. KRAMER** **4/21/97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALKSNINIS, ALGIRDAS		1.2 NAME	
STREET ADDRESS 1217 FRUITLAND AVE.		1.3 STREET ADDRESS	
CITY - ST - ZIP MARCO ISLAND FL		1.4 CITY - ST - ZIP 34145	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALKSNINIS, EUGENIA		2.2 NAME	
STREET ADDRESS 1217 FRUITLAND AVE		2.3 STREET ADDRESS	
CITY - ST - ZIP MARCO ISLAND FL		2.4 CITY - ST - ZIP 34145	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **ALGIRDAS ALKSNINIS** **PRESIDENT** **1/22/97** **941-348-0272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)