

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 825620 (8)

1. Corporation Name
U. S. HOME CORPORATION



Principal Place of Business 1800 WEST LOOP SOUTH P.O. BOX 2863 HOUSTON TX 77252	Mailing Address 1800 WEST LOOP SOUTH P.O. BOX 2863 HOUSTON TX 77252
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 01/18/1971
4. FEI Number 21-0718930
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCAO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKI, CHESTER P	1.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBINDER, ISAAC	2.2 NAME	
STREET ADDRESS	1800 W. LOOP S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAU, KENNETH J., JR.	3.2 NAME	
STREET ADDRESS	330 LAKE OSIRIS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALDEN NY 12586	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, CHARLES	4.2 NAME	
STREET ADDRESS	1435 YAQUI ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BORREGO SPRINGS CA 92004	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLI, THOMAS A	5.2 NAME	
STREET ADDRESS	1800 W LOOP SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, RICHARD G	6.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCAO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKI, CHESTER P	1.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBINDER, ISAAC	2.2 NAME	
STREET ADDRESS	1800 W. LOOP S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANAU, KENNETH J., JR.	3.2 NAME	
STREET ADDRESS	330 LAKE OSIRIS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALDEN NY 12586	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, CHARLES	4.2 NAME	
STREET ADDRESS	1435 YAQUI ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BORREGO SPRINGS CA 92004	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLI, THOMAS A	5.2 NAME	
STREET ADDRESS	1800 W LOOP SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, RICHARD G	6.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77027	6.4 CITY-ST-ZIP	

14. I 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: *Richard G. Slaughter* Richard G. Slaughter 4/20/98 713/877-2425

CR2E034 (10/97)