FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AUG
95 MAY -1 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F68870 (7)

1. Corporate Name
MALLARD BUILDERS OF ENGLEWOOD, INC.

Principal Place of Business
% RICHARD W BAUMANN
~~735 OXFORD DRIVE~~
ENGLEWOOD FL 34223-3544

Mailing Address
% RICHARD W BAUMANN
~~735 OXFORD DRIVE~~
ENGLEWOOD FL 34223-3544

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1982
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21 11075 Greenway AVE
Suite Apt # or
22
City & State
23 Englewood FL
Zip
24 34224
County
25 Charlotte

26. Mailing Address
26 11075 Greenway AVE
Suite Apt # or
27
City & State
28 Englewood FL
Zip
29 34224
County
30 Charlotte

4. FEI Number: 59-2407638
Applied For
Not Applicable

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. Does corporation have liability for intangible tax under § 199.032, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
BAUMANN, RICHARD W
735 OXFORD DRIVE
ENGLEWOOD FL

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 Section 607.0505, 607.0508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAUMANN, RICHARD
STREET ADDRESS	735 OXFORD DRIVE
CITY, ST, ZIP	ENGLEWOOD, FL 00000

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN U.S.)

1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[ ] Change [ ] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	[ ] Change [ ] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	[ ] Change [ ] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	[ ] Change [ ] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	[ ] Change [ ] Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I DO HEREBY CERTIFY that the information supplied with this report is voluntarily furnished and does not apply for the reporting statutes in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that, to the extent applicable, the corporation has paid its fees and taxes and has filed its tax returns with the proper agencies.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0348246 CP