

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 27 AM 11:08**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # F91021 (8)**  
 1. Corporation Name  
**CINDERELLA HOMES, INC.**

Principal Place of Business Mailing Address  
**C/O MICHEL ACHKAR** **C/O MICHEL ACHKAR**  
**3799 S. BANANA RIVER BLVD. PO. BOX 321058** **3799 S. BANANA RIVER BLVD. PO. BOX 321058**  
**COCOA BCH FL 32931-3462** **COCOA BCH FL 32931-3462**

2. Principal Place of Business 2a. Mailing Address  
**21 15 N. Atlantic Ave.** **26 P.O. Box 321058**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 Apt. 405** **27**  
 City & State City & State  
**23 Cocoa Beach, FLORIDA** **28 Cocoa Beach, FLORIDA**  
 Zip Country Zip Country  
**24 32932** **25** **29 32932-1058** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/16/1982** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2218163** 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ACHKAR, MICHEL**  
**3799 SO. BANANA RIVER BLVD. 15 N. Atlantic Ave. Apt. 405**  
**COCOA BEACH FL 32931**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, if applicable) (Date) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PST ACHKAR, MICHEL 3799 S BANANA RI BD #705 COCOA BCH, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ACHKAR, MICHEL 15 N. Atlantic Blvd. - Apt. 405 Cocoa Beach, FL 32932
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BENZIGER, Howard 2065 Turpentine Road TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.02(1)(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 of this report, or on an attachment with an address.

SIGNATURE: *Michel Achkar* (Michel ACHKAR) 3/20/95 (407) 784-6526  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)