


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

FILED  
Jul 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F91275 (0)</b>					
1. Corporation Name <b>HEARTLAND HOMES, INC.</b>					
Principal Place of Business <b>16520 S. TAMiami TRAIL SUITE 18-310 FT. MYERS FL 33908 US</b>			Mailing Address <b>16520 S. TAMiami TRAIL SUITE 18-310 FT. MYERS FL 33908-4521 US</b>		
2. Principal Place of Business 21 <b>12711 EAGLE POINTE CIR</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT MYERS FL</b> Zip Country 24 <b>33913</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>12711 EAGLE POINTE CIR</b> Suite, Apt. #, etc. 27 City & State 28 <b>FT MYERS FL</b> Zip Country 29 <b>33913</b> 30 <b>USA</b>		3. Date incorporated or Qualified <b>07/20/1982</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>59-2408703</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NUNEZ, WILLIAM 16520 S. TAMiami TRAIL SUITE 207 FT. MYERS FL 33908</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>12711 EAGLE POINTE CIR</b> 83 84 City <b>FT MYERS</b> FL 85 Zip Code <b>33913</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NUNEZ, WILLIAM</b>		1.2 NAME		
STREET ADDRESS	<b>16520 S. TAMiami TRAIL SUITE 18-310</b>		1.3 STREET ADDRESS	<b>12711 EAGLE POINTE CIR</b>	
CITY- ST- ZIP	<b>FT. MYERS FL</b>		1.4 CITY- ST- ZIP	<b>FT MYERS FL 33913</b>	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY- ST- ZIP			2.4 CITY- ST- ZIP		
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: \_\_\_\_\_

*David* 7/16/97 561 4196

CR2E034 (9/96)