

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005036 (8)**

1. Corporation Name

AMERICAN MODEL HOME CORPORATION



Principal Place of Business

**6 UPPER NEWPORT PLAZA
NEWPORT BEACH CA 92660
US**

Mailing Address

**6 UPPER NEWPORT PLAZA
NEWPORT BEACH CA 92660
US**

3. Date Incorporated or Qualified
09/28/1994

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
33-0601524

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 or director (delete if not applicable)

Signature typed or printed name of new registered agent (delete if not applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**PCDS
DONNELLY, PAUL N
6 UPPER NEWPORT PLAZA
NEWPORT BEACH CA 92660**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**V,D
JAGEMANN, TIM
6 UPPER NEWPORT PLAZA
NEWPORT BEACH, CA 92660**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ 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 119.07(3)(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 if changed, or in an attachment with an address.

SIGNATURE:

PAUL N. DONNELLY, PRESIDENT 4/19/96 (714) 252-8350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)