

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # F94427 (4)

1. Corporation Name
HAUSER RESIDENTIAL CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
601 SOUTH FAULKENBURG RD. STE-A5 TAMPA FL 33619
501 SOUTH FAULKENBURG RD. STE-A5 TAMPA FL 33619

3. Date Incorporated or Qualified **08/12/1982** 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4212 Silver Lane** 26 **4212 Silver Lane**
State, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **Valrico, Florida**
23 **Valrico, Florida 33594** 28 **Valrico, Florida**
City & State City & State
24 **33594 Hills.** 25 **Hills.** 29 **33594** 30 **Hills.**
Zip Country Zip Country

4. FEI Number **59-2212653** 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 10. Name and Address of New Registered Agent
HAUSER, DENNIS E.
452 SUMMIT CHASE DR.
VALRICO FL 33694
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLARD, LAWRENCE M | 1.2 NAME | |
| STREET ADDRESS | 450 SUMMIT CHASE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL 33594 | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUSER, CAROLYN J. | 2.2 NAME | |
| STREET ADDRESS | 452 SUMMIT CHASE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL 33594 | 2.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUSER, DENNIS E. | 3.2 NAME | |
| STREET ADDRESS | 452 SUMMIT CHASE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL 33594 | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUSER, MICHAEL V | 4.2 NAME | |
| STREET ADDRESS | 9864 ELM WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33624 | 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 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 on an attachment with an address.

SIGNATURE: **CAROLYN J. HAUSER** *Carolyn J. Hauser* 1-24-96 813-681-6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)