

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G48097** (1)

1. Corporation Name

CORMIER HOMES, INC.

Principal Place of Business

Mailing Address

2858 NW 95TH AVE
CORAL SPRINGS FL 33065
US

2858 NW 95TH AVE
CORAL SPRINGS FL 33065
US



| | |
|--|--|
| 3. Date Incorporated or Qualified 06/27/1983 | 3a. Date of Last Report 06/20/1995 |
| 4. FEI Number 59-2397111 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 911 Jasmine Dr. | 26 911 JASMINE DR |
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| 22 DELRAY BEACH | 27 |
| City & State | City & State |
| 23 FLORIDA | 28 DELRAY BEACH, FL |
| Zip | Zip |
| 24 33483 | 29 33483 |
| Country | Country |
| 25 USA | 30 USA |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORMIER, LISE D.
2858 NW 95TH AVE
CORAL SPRINGS FL 33065**

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 911 JASMINE DR |
| 83 |
| 84 City DELRAY BEACH |
| FL 85 Zip Code 33483 |

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

(OFFICE Registered Agent signature required when terminating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORMIER, ROBERT E. | 1.2 NAME | |
| STREET ADDRESS | 2858 NW 95TH AVE | 1.3 STREET ADDRESS | 911 JASMINE DR |
| CITY - ST - ZIP | CORAL SPRINGS FL | 1.4 CITY - ST - ZIP | DELRAY BCH, FL 33483 |
| TITLE | STD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORMIER, LISE D. | 2.2 NAME | |
| STREET ADDRESS | 2858 NW 95TH AVE | 2.3 STREET ADDRESS | 911 JASMINE DR |
| CITY - ST - ZIP | CORAL SPRINGS FL | 2.4 CITY - ST - ZIP | DELRAY BCH, FL 33483 |
| TITLE | | 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 | | 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 | | 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 | | 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lise Cormier Secretary 8/5/96 (361) 276-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LISE CORMIER SECRETARY

CR2E034 (3/96)