

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 8:51

DOCUMENT # **G65295** (9)

1. Corporation Name
NADINE HOUSE REALTY, INC.

Principal Place of Business Mailing Address
#1 BREAKERS ROW PALM BCH. FL 33480 **#1 BREAKERS ROW PALM BCH. FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2388974** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suffix, Apt. #, etc. 26. Suffix, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

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. 193.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Accepted)
03.
04. City **FL** 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 of office) _____ Registered Agent (signature required after filing) _____ (S-1)

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOUSE, NADINE
STREET ADDRESS	1 NORTH BREAKERS ROW
CITY - ST - ZIP	PALM BEACH FL
TITLE	V
NAME	WORLEY, MARK
STREET ADDRESS	1317 NELSON WAY
CITY - ST - ZIP	SUNNYVALE CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty for the omissions stated in Sections 119.037(1)(b), Florida Statutes. I further certify that the information reflected 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 in my own hand. I am an officer or director of the corporation or the recorder 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: *Nadine House*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nadine House

1/10/95 **407-659-2488**
Telephone No.