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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G79677 (2) 1. Corporation Name KROGMAN HOMES, INC.

Principal Place of Business 3132 HOLIDAY AVE APOPKA FL 32703 US	Mailing Address 3132 HOLIDAY AVE APOPKA FL 32703-6634 US
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2. Principal Place of Business 21 3136 Holiday AVE Suite, Apt. #, etc. 22 City & State 23 Apopka, Fl. Zip 24 32703 Country 25 Seminole	2a. Mailing Address 26 3136 Holiday AVE Suite, Apt. #, etc. 27 City & State 28 Apopka, Fl. Zip 29 32703 Country 30 Seminole
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9. Name and Address of Current Registered Agent KROGMAN, RAYMOND R 3132 HOLIDAY AVE APOPKA FL 32703	10. Name and Address of New Registered Agent 81 Name KROGMAN, RAYMOND R. 82 Street Address (P.O. Box Number is Not Acceptable) 3136 Holiday AVE 83 84 City Apopka, FL 85 Zip Code 32703
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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 *Raymond R. Kroghan* (NOTE: If a signed Agent's signature required when reinstating) DATE **4-24-97**

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KROGMAN, RAYMOND R.
STREET ADDRESS	2829 NEIL ROAD
CITY-ST-ZIP	APOPKA FL
TITLE	VD
NAME	KROGMAN, MICHELLE L.
STREET ADDRESS	2829 NEIL ROAD
CITY-ST-ZIP	APOPKA FL
TITLE	S
NAME	KROGMAN, MICHELLE L.
STREET ADDRESS	2829 NEIL ROAD
CITY-ST-ZIP	APOPKA FL
TITLE	PD
NAME	KROGMAN, RAYMOND R
STREET ADDRESS	3132 HOLIDAY AVE
CITY-ST-ZIP	APOPKA FL
TITLE	VD
NAME	KROGMAN, MICHELLE L
STREET ADDRESS	3132 HOLIDAY AVE
CITY-ST-ZIP	APOPKA FL
TITLE	S
NAME	KROGMAN, MICHELLE L
STREET ADDRESS	3132 HOLIDAY AVE
CITY-ST-ZIP	APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	PD
42 NAME	KROGMAN, RAYMOND R
43 STREET ADDRESS	3136 Holiday Ave
44 CITY-ST-ZIP	Apopka, Fl. 32703
51 TITLE	VD
52 NAME	KROGMAN, Michelle L.
53 STREET ADDRESS	3136 Holiday AVE
54 CITY-ST-ZIP	Apopka, Fl 32703
61 TITLE	S
62 NAME	Kroghan, Michelle L.
63 STREET ADDRESS	3136 Holiday Ave
64 CITY-ST-ZIP	Apopka, Fl. 32703

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: *Raymond R. Kroghan* SIGNATURE REQUIRED DATE **5-13-97 407-291-2375**

CR2E034 (9/96)