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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Consolore of Casa

Suite, Apt # etc. Suit		1996	DIVISION OF CORPC			
Principal Place of Business	DOCU 1. Corporatio	MENT # G912	57 (7)			
113 OLDE GALLEON LIME	GEORG	GE HOMES, INC.				
113 OLDE CALLEON LINE P.O. BOX 2885 P.O. BOX 2895 P.O.		,			i iki ini rina mini dika kana alam bila ka	I BIBIN BIBIN BIBIN BIBN BIBN BABN 1001
P.O. Box 2385 P.O. Box 238	Principal Plac	e of Business	Mailing Address			
P.O. Box 2985 P.O. Box 298	L113 OLDE GA	ALLECAL LANE	A 110 OLDE CALLEGN LANE			
2. Principal Place of Business 31 1 2 O P P GALLER 28 29 29 20 20 20 20 20 20	P.O. BOX 236	85				
2. Principal Place of Business III Difficulty Diffi	VERO BEACH	I FL 32961-9385	VERO BEACH FL 32961-9385		3. Date incorporated or Qualified	3a. Date of Last Report
2. Findings indice of tisseness 2. A. Mailing Address 4. FET Number Applicat Findings Application					03/09/1984	05/01/1995
Suite, Apt #. etc Suite, Apt #. etc Suite, Apt #. etc Status Desired \$8.75 Addition for Required \$5.00 May \$ and \$2.00 May \$ last \$2.0			<u>├</u> -1			Applied For
City & State City	Suite Apt	# etc			59-2427409	Not Applicable
City & State City & State Country 2/p Country 8. This corporation has liability for intagible fax under s. 199.03 Florida Statutes Tust Fund Contribution Added to Fees Provide Statutes		4 , 6 , 6	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	
Added to Fees Added to Fee	City & Stat				6 Flection Campaign Financing	
Supply S						
TADROWSKI, GEORGE R. (113 OLDE GALLEON LANE VERO BEACH FL 32963 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florated Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere signature with, and accept the obligations of. Section 607 0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere eigened agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere dispersions bear and the dispersion of Statutes. 12. OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHAN	3296	Country 25	[ountry		ntangible tax under s. 199.032,
TADROWSKI, GEORGE R. (113 OLDE GALLEON LANE VERO BEACH FL 32963 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 register of agent. I am familiar with, and accept the obligations of, Section 607 8505, Floridal Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 III.LE 14. III.LE 15. TADROWSKI, GEORGE R. 113 OLDE GALLEON LANE VERO BEACH FL 15. S 16. TADROWSKI, SHARON T 17. STAPE DELETE 17. STAPE DELETE 17. STAPE DELETE 17. STAPE 17. STAPE DELETE 17. STAPE DELETE 17. STAPE 17. STAPE DELETE 17. STAPE 17. STAPE 17. Change AC OHANGES 17. STAPE 17. Change AC OHANGES 17. STAPE 17.		9. Name and Address of Curr			<u> </u>	LEJ
### City ### Land Address (P.O. Box Number is Noi Acceptable) ### City ### Land Address (P.O. Box Number is Noi Acceptable) ### City ### Land Address (P.O. Box Number is Noi Acceptable) #### City ### Land Address (P.O. Box Number is Noi Acceptable) ###################################	TAI	DROWSKI, GEORGE R		81 Name		
B3 B4 City				82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
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 register of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Signature Typad or princitization of ing stend agent and see displicable. (INDIE Purposeonal Agent Signature required when tendering) DELETE 11 TILE	VE	RO BEACH FL 32963		-		
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11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signative typical or printed statutes of registered agent and site if appointment. It is a proposed Agent signature required where remarking) 12.				84 City		85 Zip Code
12. OFFICERS AND DIRECTORS IIILE P ANAME TADROWSKI, GEORGE R. I113 OLDE GALLEON LANE VERO BEACH FL ITITLE S IDELETE ITITLE SIRRET ADDRESS CITY-ST-ZIP VERO BEACH FL DELETE ITITLE SIRRET ADDRESS CITY-ST-ZIP VERO BEACH FL DELETE ITITLE SIRRET ADDRESS CITY-ST-ZIP TITLE SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-ZIP TITLE SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-						
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6 4 CHTY - 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: LOUSE A TANTON NAME OF SIGNING OFFICER OR DIRECTOR

6 3 STREET ADDRESS

CITY-ST-ZIP

7/20/96 407-234-1667