FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H25528**

(1)

1. Corporation RIANDE	R HOMES, INC.	(.,		# 100 France Blance Blance British 1900 France Policy	<u> </u>
Principal Plan	be of Business	Mailton Address			
•		Mailing Address			
19940 MONA RD #2		18940 MONA RD #2			
TEQUESTA FL	33469	TEQUESTA FL 33469-2680			
US .		U\$		3. Date Incorporated or Qualified 10/15/1984	3a. Date of Last Roport 04/25/1996
	Place of Business	2a. Mairing Address		4. FEI Number	Applied For
21 52 E Suite, Apt.	Hampton Way	26 52 6. 170	mplon Way	59-2473232	Not Applicable
22	#, e(C.	Suite, Apt. #, etc.	'	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	[6	City & State		6. Election Campaign Financing	\$5.00 May Be
23 JUD	iter Fl	28 Jupiter	FL	Trust Fund Contribution	Added to Fees
Zip 24 334:	58 25 Palm Bch.	700	Country 30 Palm Bcl	8. This corporation has liability for in	ntangible tax under s. 199.032.
	9. Name and Address of Current I			10. Name and Address of New Re	
	NCHICK, MICHAEL J.		81 Name		773/78
1501 OLD OKEECHOBEE RD 82 Street Address				ess (P.O. Box Number is Not Acceptab	le)
WES	ST PALM BEACH FL 33409		83		
			63		
			84 City		FL 85 Zip Code
DIRECT DEL	to the provisions of Sections 607.0502 registered agent, or both, in the State of imfamiliar with, and accept the obligation	Finnina Such chance was a	Hillionizad by the certaral	oration submits this statement for the poon's board of directors. I hereby accep	unnes of all and its model and its
SIGNATURE	m familiar with, and accept the opligation	oris di, Section 607.0505, Fid	inda Statules.		
	Signature, typed or printed name of registered agent a	and little if applicable (NOTE	Registered Agent's gnature require	ed when reinstating)	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	D Bell, Greig C.	☐ DELETË	1.1 TOLE		Change Addition
STREET ADDRESS	152 E HAMPTON WAY		1.2 NAME		
CITY-ST-ZIP	JUPITER FL		1.3 STREET ADDRESS 1.4 City - ST- ZIP		
TITLE	PD	DECETE	2.1 TOLE		Change Addition
NAME	LETENDRE, DENNIS C.	• •	2.2 NAME		
STREET ADDRESS	18711 S.E. RIVER RIDGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		2 4 CITY - ST - ZIP	·	
TITLE		☐ DELETE	3 1 1111.6		☐ Change ☐ Addition
NAME CENTER ANDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3 3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TULE		Change Addition
NAME			4.1 TULE		C Orange C Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 1/11.6		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	611IILE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereb	by certify that the information supplied w	vith this filing does not qualify	■ 64 City-St-ZiP / 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 logal 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.					