

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 11 54 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38963**

(5)

1. Corporation Name

CUSTOM HOMES OF AMERICA, INC.

Principal Place of Business

**8466 N LOCKWOOD RIDGE RD STE 300
SARASOTA FL 34243**

Mailing Address

**8466 N LOCKWOOD RIDGE RD STE 300
SARASOTA FL 34241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1985

3a. Date of Last Report

03/21/1994

4. FEI Number

59-2487974

Applied For

☐ Not Applicable

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESENBERG, MILFORD M., III
8466 N LOCKWOOD RIDGE RD STE 300
SARASOTA FL 34243**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) 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 607.05(3), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or the Corporation)

(Signature of Registered Agent or the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PTS
12.2 NAME	DESENBERG, MILFORD M., III
12.3 STREET ADDRESS	5606 GARDENS DR
12.4 CITY, ST, ZIP	SARASOTA FL
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 199.02(3)(b), 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 of Block 13 of a change or on an attachment with an address.

SIGNATURE:

My Desenberg, Pts
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

5/1/95
(Date)

813-727-7000
(Telephone Number)