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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	RPORATION JAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		504	
1. Corporation		H70431	(2)		7	
ACC	HOMES CORP	DRATION			 	
Principa! Place	of Business		Mailing Address			IIIGI DIBU GODII BODII BOBIL BOBIL BODII ODDII 1884
2807 E GROVE LANE HOUSTON TX 77027 2807 E GROVE LANE HOUSTON TX 77027 HOUSTON TX 77027						
5 Drivetout D					3. Date Incorporated or Qualified 07/23/1985	3a. Date of Last Report 07/18/1995
2. Principal Pi	ace of Business		a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, e lc.	26	Suite, Apt. #, etc.		76-0159712 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	25	untry 29	I	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, s. X No
	9. Name and Ad	dress of Current Reg	Istered Agent		10. Name and Address of New	Registered Agent
MOVO	ON CHARLES O			81 Name	0	
NICKSON, CHARLES G. C/O LINDA ROEBELT, STATELLITE 82 Street Address (P.O.					t Address (P.O. Box Number is Not Accepta	ble)
	NURSERY ROAD			83		
	WATER FL 34624	•				
022741	***************************************			84 City		FI 85 Zip Code
11. Pursuant t	o the provisions of S	ections 607.0502 and 6	07.1508, Florida Statutes	, the above named	corporation submits this statement for the push board of directors. I hereby accept the app	urpose of changing its registered office.
familiar wit	ed agent, or both, in h, and accept the ob	the State of Florida. Su digations of, Section 60	ch change was authorizec 7.0505, Florida Statutes.	by the corporation'	's board of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE .						
12.	Signature, typed or printee n	OFFICERS AND DIRE		Registered Agent signature		DATE
TITLE	PD	OFFICENS AND DINE	DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 X Change
NAME	NICKSON, CH	IARLES G.	<u> </u>	1.2 NAME		Enange Addition
STREET ADDRESS	2807 EAST G			1.3 STREET ADDRESS		
CiTY-S1-ZIP	HOUSTON TX			1.4 City - St - ZiP	Houston, TEXAS	77027
THEE			DELETE	2 1 TiTLE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS	5	
CPTY - ST - ZIP TITLE			P. Drutte	24 CITY - ST - ZIP		
NAME			DELETE	3 1 TITLE		Change Addition
STREET ADDRESS				3.3 STREET ADDRESS		
CITY - ST- ZIP				3.4 CiTY-S1-ZiP	°	
THLE			☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME				4.2 NAME		<u> </u>
STREEL ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - S1 - ZIP		
THILE			☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				5 2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY - ST - ZIP			DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE		Channa D 4400
NAME			T STEEL	6.1 HILE 6.2 NAME		Change Addition
STREET ADDRESS				6.3 STREET ADDRESS		
CrTY-ST-ZiP				6.4 City - St - ZiP		

14. To 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR