

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:21

DOCUMENT # **H84754** (1)

1. Corporation Name  
**MERCEDES HOMES, INC.**

Principal Place of Business

1600 W. EAU GALLIE BLVD.  
MELBOURNE FL 32935

Mailing Address

1600 W. EAU GALLIE BLVD.  
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 **6767 N Wickham Rd**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **6767 N Wickham Rd**  
Suite, Apt. #, etc.

22 **# 500**

27 **# 500**

23 City & State

**Melbourne FL**

28 City & State

**Melbourne FL**

24 **32940**

25 **USA**

29 **32940**

30 **USA**

3. Date Incorporated or Qualified

**10/30/1995**

3a. Date of Last Report

**02/23/1994**

4. FEI Number

**59-2630803**

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

9. Name and Address of Current Registered Agent

**BUESCHER, KEITH**  
1600 WEST EAU GALLIE BOULEVARD  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

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

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 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

Signature, typed or printed name of registered agent and his / her address

(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
V	SWAIN, LINDA	515 BROKENSHIRE DR.	DEBARY FL
S	BUESCHER, DEAN	741 CANOE TR.	VERO BEACH FL
V	BUESCHER, JAMES	125 REGATTA ST.	MELBOURNE FL
VD	BUESCHER, SUSAN	1600 W. EAU GALLIE BLVD., 3201	MELBOURNE FL
T	FAY, JOSEPH T.	1848 GLEN MEADOWS CIRCLE	MELBOURNE FL
PD	BUESCHER, KEITH H.	774 GLENGARRY DRIVE	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 110.07(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joseph T. Fay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/94** **407-259-6972**  
DATE AND TELEPHONE NUMBER