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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H84754** (1)

1. Corporation Name
MERCEDES HOMES, INC.



Principal Place of Business: **6767 N WICKHAM RD #500 MELBOURNE FL 32940 US**
Mailing Address: **6767 N WICKHAM RD #500 MELBOURNE FL 32940 US**

3. Date Incorporated or Qualified: **10/30/1985**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

4. FEI Number: **59-2630803**
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: **Buescher, Keith**
82 Street Address (P.O. Box Number is Not Acceptable): **812 Oak Park Drive**
83
84 City: **Melbourne** FL 85 Zip Code: **32940**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: V	NAME: SWAIN, LINDA STREET ADDRESS: 515 BROKENSHIRE DR. CITY-ST-ZIP: DEBARY FL	1.1 TITLE: VD 1.2 NAME: Swaig, Linda 1.3 STREET ADDRESS: 533 Pine Meadow Dr. 1.4 CITY-ST-ZIP: DeBarry, FL 32713
TITLE: S	NAME: BUESCHER, DEAN STREET ADDRESS: 741 CANOE TR. CITY-ST-ZIP: VERO BEACH FL	2.1 TITLE: VD 2.2 NAME: Buescher, Scott 2.3 STREET ADDRESS: 743 Glengarry Dr. 2.4 CITY-ST-ZIP: Melbourne, FL 32940
TITLE: V	NAME: BUESCHER, JAMES STREET ADDRESS: 125 REGATTA ST. CITY-ST-ZIP: MELBOURNE FL	3.1 TITLE: DC 3.2 NAME: Buescher, Howard 3.3 STREET ADDRESS: 830 Kerry Downs Circle 3.4 CITY-ST-ZIP: Melbourne, FL 32940
TITLE: VD	NAME: BUESCHER, SUSAN STREET ADDRESS: 1600 W. EAU GALLIE BLVD., 3201 CITY-ST-ZIP: MELBOURNE FL	4.1 TITLE: VD 4.2 NAME: Girard, Susan 4.3 STREET ADDRESS: 898 Oak Park Drive 4.4 CITY-ST-ZIP: Melbourne, FL 32940
TITLE: T	NAME: FAY, JOSEPH T. STREET ADDRESS: 1946 GLEN MEADOWS CIRCLE CITY-ST-ZIP: MELBOURNE FL	5.1 TITLE: S/T/CFO 5.2 NAME: Kush, Robert M. 5.3 STREET ADDRESS: 837 Oak Park Drive 5.4 CITY-ST-ZIP: Melbourne, FL 32940
TITLE: PDS	NAME: BUESCHER, KEITH STREET ADDRESS: 774 GLENGARRY DR CITY-ST-ZIP: MELBOURNE FL	6.1 TITLE: PD 6.2 NAME: Buescher, Keith 6.3 STREET ADDRESS: 812 Oak Park Drive 6.4 CITY-ST-ZIP: Melbourne, FL 32940

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

SIGNATURE: **Robert M. Kush** DATE: **4.30.96** DAYTIME PHONE: **(407) 259-6972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)