

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

FILED
May 18 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # H84754 (1)
 1. Corporation Name
MERCEDES HOMES, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/30/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-2630803	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUESCHER, KEITH 812 OAK PARK DRIVE MELBOURNE FL 32940				81 Name Buescher, Keith			
				82 Street Address (P.O. Box Number is Not Acceptable) 6767 North Wickham Road, Suite 500			
				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 *Keith Buescher* *KEITH BUESCHER* 4/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, LINDA	1.2 NAME	Swain, Linda
STREET ADDRESS	533 PINE MEADOW DR.	1.3 STREET ADDRESS	533 Pine Meadow Dr.
CITY-ST-ZIP	DEBARRY FL	1.4 CITY-ST-ZIP	Debarry, FL
TITLE	VD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, SCOTT	2.2 NAME	Buescher, Scott
STREET ADDRESS	743 GLENBARRY DR.	2.3 STREET ADDRESS	743 Glengarry Drive
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL
TITLE	DC	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, HOWARD	3.2 NAME	Buescher, Howard
STREET ADDRESS	830 KERRY DOWNS CIRCLE	3.3 STREET ADDRESS	6680 Stillpoint Drive
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL
TITLE	VD	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRARD, SUSAN	4.2 NAME	Girard, Susan
STREET ADDRESS	898 OAK PARK DRIVE	4.3 STREET ADDRESS	898 Oak Park Drive
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL
TITLE	STC	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSH, ROBERT M.	5.2 NAME	Kush, Robert M.
STREET ADDRESS	837 OAK PARK DR.	5.3 STREET ADDRESS	837 Oak Park Drive
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	Melbourne, FL
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUESCHER, KEITH	6.2 NAME	
STREET ADDRESS	812 OAK PARK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify 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 reports 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 *Keith Buescher* *KEITH BUESCHER* 4/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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Mercedes Homes, Inc.

Continuation of #13

Addition:

PD
Buescher, Dean
5900 MacFarland
Plano, TX 75093

Addition:

D
Buescher, Jon
321 Rockafellow Way
Orlando, FL 32828