

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

REPUBLIC OF FLORIDA  
1995



DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**APPROVED  
AND  
FILED**

DOCUMENT # **H85740** (9)

95 MAY 10 AM 10:35

**STEVE JAROSSY CUSTOM HOMES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4250 SE COMMERCE AVE  
C/O STEPHEN JAROSSY P O BOX 1365  
STUART FL 34997  
US

PO BOX 1365  
1660 SW ALBATROSS WAY  
PALM CITY FL 34990  
US

PRINT NAME IN THIS SPACE

2. Filing Date of Report	2a. Mailed Address	3. Date of Incorporation/Qualification	3a. Date of Last Report
21. Filing Date of Report	25. Mailed Address	11/18/1985	05/01/1994
22. Filing Date of Report	26. Mailed Address	4. Filing Number	Applied Fee
23. Filing Date of Report	27. Mailed Address	59-2598103	Not Applicable
24. Filing Date of Report	28. Mailed Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Filing Date of Report	29. Mailed Address	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Filing Date of Report	30. Mailed Address	7. This corporation has liability for intangible tax under S. 194.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAROSSY, STEPHEN 1660 SW ALBATROSS WAY PALM CITY FL 34990	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 607.02(5)(a) and 607.02(5)(b) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office and registered agent for 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 Sections 607.02(5)(a) Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CANDIDATES FOR OFFICERS AND DIRECTORS IN 1995	
OFFICER	NAME ADDRESS CITY, STATE	OFFICER	NAME ADDRESS CITY, STATE
NAME	JAROSSY, STEPHEN 1660 SW ALBATROSS WAY PALM CITY FL	NAME	
NAME	JAROSSY, MICHELLE 1660 SW ALBATROSS WAY PALM CITY FL	NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not equal for the corporation stated as has been provided under Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the owner or holder of securities owned by me in this report as required by Chapter 607, Florida Statutes, and that my name appears on the block of or blocks of stock of the corporation owned by me.

SIGNATURE: *Stephen J Jarossy* STEPHEN J JAROSSY 5/14/95 407-287-7665  
PRESIDENT