

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

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H85740 (9)
1. Corporation Name
STEVE JAROSSY CUSTOM HOMES, INC.



Principal Place of Business 4250 SE COMMERCE AVE C/O STEPHEN JAROSSY, P O BOX 1365 STEVEN PL 34997 US	Mailing Address PO BOX 1365 4000 SW ALBATROSS WAY PALM CITY FL 34901298 US
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2. Principal Place of Business 21 1274 SW THELMA ST Suite, Apt. #, etc. 22 Bay 5 City & State 23 PALM CITY FL Zip Country 24 34990 25 USA	2a. Mailing Address 26 P.O. Box 1365 Suite, Apt. #, etc. 27 City & State 28 PALM CITY FL Zip Country 29 34991 30 USA
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3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2598103	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JAROSSY, STEPHEN 1680 SW ALBATROSS WAY PALM CITY FL 34990	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 991 SW SAND DAK DR 83 P.O. Box 1365 84 City PALM CITY 85 Zip Code FL 34991
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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: **4-24-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	JAROSSY, STEPHEN	
STREET ADDRESS	1680 SW ALBATROSS WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	JAROSSY, MICHELLE	
STREET ADDRESS	1680 SW ALBATROSS WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.8 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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: _____ (561) APR 25 1997 2:08 PM

CR2E034 (9/96)