

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H91476 (2)

1. Corporation Name

MERCEDES HOMES REALTY, 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
12/16/1985

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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30

g. Name and Address of Current Registered Agent

**FRESE, GARY
FRESE, FALLACE, NASH AND TORPY
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901**

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 607.0532 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 street address

(If Other Registered Agent Signature Required When Not Starting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE
NAME **BUESCHER, KEITH**
STREET ADDRESS **1600 W. EAU GALLIE BLVD., #201**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE
NAME **BUESCHER, MERCEDES**
STREET ADDRESS **830 KERRY DOWN CIRCLE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ DELETE
NAME **BUESCHER, HOWARD**
STREET ADDRESS **830 KERRY DOWN CIR.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VD** ☐ DELETE
NAME **BUESCHER, SCOTT M.**
STREET ADDRESS **743 GLENGARRY DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **PD** ☐ DELETE
NAME **BUESCHER, SUSAN D.**
STREET ADDRESS **11434 S TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **T** ☒ DELETE
NAME **JOSEPH T. FAY**
STREET ADDRESS **1946 GLEN MEADOWS CIR**
CITY-ST-ZIP **MELBOURNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Buescher, Keith**
1.3 STREET ADDRESS **812 Oak Park Drive**
1.4 CITY-ST-ZIP **Melbourne, FL 32940**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **PD** ☒ Change ☐ Addition
5.2 NAME **Girard, Susan**
5.3 STREET ADDRESS **898 Oak Park Drive**
5.4 CITY-ST-ZIP **Melbourne, FL 32940**

6.1 TITLE **T** ☐ Change ☒ Addition
6.2 NAME **Yelland, Ronald J.**
6.3 STREET ADDRESS **5320 Chiswick Circle**
6.4 CITY-ST-ZIP **Orlando, FL 32812**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD J. YELLAND 4/30/96
Date

(407) 259-6972
Daytime Phone #

CR2E034 (12/95)