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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # H9700 SKI CUSTOM HOMES, IN			# 1870 PA PARA DA LA	81 8181)
Principal Place of Business 2583 COUNTRYSIDE BLVD. APT. 301 CLEARWATER FL 34621-3526		Mailing Address 2583 COUNTRYSIDE BLVI APT. 301 CLEARWATER FL 34621-3			
)EV	1	Date of Last Report 2/01/1996
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2639470	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Žip	Country	This corporation has liability for intang Florida Statutes	-
24	25 25 9. Name and Address of Cur	29 rrent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Register	****
SADOWSKI, FRED 2583 COUNTRYSIDE BLVD. APT. 301 CLEARWATER FL 33518			83 84 City		S Zip Code
11. Pursuant to the provisions of Schlinns 6/7.0502 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 SIGNATURE Substance by extremely printed name of registered agent and title ii applicable. (NOTE: Registered Agent signature required when reinstalling). DATE					
12.	<i>y</i>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	SADOWSKI, FRED 2583 COUNTRYSIDE BLVD.		1.2 NAME 1.3 Street address		į
City-St-ZiP	CLEARWATER FL	DELETE	1.4 CITY-SY-ZIP 2.1 TITLE		Change Addition
TITLE NAME			2.1 TILE 2.2 NAME		Last Change (Last Associate)
STREET ADDRESS			2.3 STREET ADDRESS		
CITY+S1-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ Dereit	6.1 TITLE		The change The vool (00)
NAME OTREET ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do herel			ify for the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I fu	
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 of 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 arachment with an address.					

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deptime Prone #