SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

FILED
Aug 05 1996 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # JO 3052

1. Corporation Name
N. R. Homes,. Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 3-7-86
3a. Date of Last Report: 4-26-95
4. FEI Number: 59-2797986 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	5904 Timber Valley Dr.	26	~~P.O. Box 6199~~
	Suite, Apt #, etc		Suite, Apt #, etc
22		27	
	City & State		City & State
23	Lake Worth, Fl.	28	Lake Worth, Fl.
	Zip / Country		Zip / Country
24	33463 / 25 USA	29	33466 / 30 USA

9. Name and Address of Current Registered Agent

Sapir, M. Richard
1645 Palm Beach Lakes Blvd. #1200
West Palm Beach, Fl. 33401

10. Name and Address of New Registered Agent

81 Name: Rauch, Norman
82 Street Address (P.O. Box Number is Not Acceptable): 3450 S. Ocean Blvd.
83
84 City: Palm Beach FL 85 Zip Code: 33480

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 [signature] Norman Rauch 8-1-96

(Signature, Typed or Printed Name of Registered Agent and Title if applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S-T [ ] DELETE	1 1 TITLE	S-T [X] Change [ ] Addition
NAME	Rauch, Norman	1 2 NAME	Rauch, Norman
STREET ADDRESS	5904 Timber Valley Drive	1 3 STREET ADDRESS	3450 S. Ocean Blvd. #522
CITY-ST-ZIP	Lake Worth, Fl. 33463	1 4 CITY ST ZIP	PalmBeach, Fl. 33480
TITLE	D [ ] DELETE	2 1 TITLE	D [X] Change [ ] Addition
NAME	Rauch, Norman	2 2 NAME	Rauch, Norman
STREET ADDRESS	5904 Timber Valley Drive	2 3 STREET ADDRESS	3450 S. Ocean Blvd. #522
CITY ST ZIP	~~Lake Worth, Fl. 33463~~	2 4 CITY ST ZIP	Palm Beach, Fl. 33480
TITLE	[ ] DELETE	3 1 TITLE	[ ] Change [ ] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE	[ ] DELETE	4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY ST ZIP	
TITLE	[ ] DELETE	5 1 TITLE	900001912739
NAME		5 2 NAME	-08/05/96--01038--024
STREET ADDRESS		5 3 STREET ADDRESS	***225.00
CITY ST ZIP		5 4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE	[ ] DELETE	6 1 TITLE	8-5-96 JR
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY ST ZIP	

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

966324?

SIGNATURE: [signature] Norman Rauch 8-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR