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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

DOCUMENT # J03052 N. R. HOMES, INC. Principal Place of Business Mailing Address PO OBX 6199 5904 TIMBER VALLEY DR LAKE WORTH, FL 33466 LAKE WORTH FL 33468 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1986 08/05/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 6199 59-2797988 1.0.00X Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be WORTH, KL LAKE Trust Fund Contribution 23 28 Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, 3346b Yes 🔲 No 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RAUCH, NORMNA RAUCH. HARRY 3450 S. OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) **#522** 83 PALM BCH, FL 33480 84 Zip Code LAKE Worth 33463 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 puthorized 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. 4-23-97 HARRY RAUCH SIGNATURE OTE: Registered Agent signature required when reinstaling) name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change THE 1.1 TITLE RAUCH, HARRY 5904 TIMBER VALLEY DR RAUCH, NORMAN 12 NAME CR2E034 NAME 3450 S. OCEAN BLVD. #522 1.3 STREET ADDRESS STREET ADDRESS PALM BCH. FL 33480 33463 1.4 CHTY - ST - ZIP OITY - ST-ZIP Addition DELETE Change 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-\$1-712 2.4 CITY-ST-ZIP DELETE Addition Channe THEE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-26 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-70 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE HILLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST- 7IP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Ido 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 applicates.

SIGNATURE: HARRY RAD TYPED ON PRINTED NAME OF BIOMNOOFFICER OR DIRECTOR

361-966-0419

FILED

May 01 1997 8:00am

Secretary of State

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