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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J22572 (8)
 1. Corporation Name
ATRABAN HOMES, INC.



Principal Place of Business: **808 ANCHOR RODE DR. NAPLES FL 33940-2739**
 Mailing Address: **808 ANCHOR RODE DR. NAPLES FL 34103-2739**

3. Date Incorporated or Qualified: **07/07/1986** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-2722072** 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: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
 30

9. Name and Address of Current Registered Agent
CRANE, MICHAEL E.
6300 TRAIL BLVD. N.
NAPLES FL 33963

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code: **FL**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title appropriate (NCHL Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIBSTRA, THOMAS	
STREET ADDRESS	808 ANCHOR RODE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TIBSTRA, LAWRENCE	
STREET ADDRESS	808 ANCHOR RODE DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS N. TIBSTRA	
3.3 STREET ADDRESS	808 ANCHOR RODE DR	
3.4 CITY-ST-ZIP	NAPLES, FL	
4.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EVELYN JOYCE MANCINO	
4.3 STREET ADDRESS	808 ANCHOR RODE DR	
4.4 CITY-ST-ZIP	NAPLES, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GERTRUDE TIBSTRA	
5.3 STREET ADDRESS	808 ANCHOR RODE DR.	
5.4 CITY-ST-ZIP	NAPLES, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ DATE **4/9/97**
LAWRENCE J TIBSTRA PRES (941) 649-6999

CR2E034 (9/96)