

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

**APPROVED  
AND  
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95 APR 27 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995 4-27-95  
 FLORIDA DEPARTMENT OF STATE  
 13-4645  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J33227 (6)**  
 1. Corporation Name  
**CLIFTON HOMES, INC.**

Principal Place of Business Mailing Address  
**% DAVID J. WIENER** **% DAVID J. WIENER**  
**1400 CENTREPARK BLVD., SUITE 1000** **1400 CENTREPARK BLVD., SUITE 1000**  
**WEST PALM BEACH FL 33401** **WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/11/1986** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **59-2721868** 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. 109.032, Florida Statutes  Yes  No

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 29 30

9. Name and Address of Current Registered Agent  
**WIENER, DAVID J.**  
**1400 CENTREPARK BLVD**  
**SUITE 1000**  
**WEST PALM BEACH FL 33401-4498**  
 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 607.0502 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 of applicant. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | <b>D</b>                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BINNS, PHILIP</b>          | 1.2 NAME  |   |
| STREET ADDRESS             | <b>13832 EXOTICA LANE</b>     | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WEST PALM BEACH FL</b>     | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>SD</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CARDER, J. MARTIN</b>      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>13194 LA MIRADA CIRCLE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>WEST PALM BEACH FL</b>     | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 3.2 NAME  |   |
| STREET ADDRESS             |                               | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                               | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 4.2 NAME  |   |
| STREET ADDRESS             |                               | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                               | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 5.2 NAME  |   |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                               | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 6.2 NAME  |   |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                               | 6.4 CITY - ST - ZIP                                   |   |

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)(b), 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, with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/2/95**  
SIGNATURE AND NAME OF THE PERSON SIGNING OFFICER OR DIRECTOR (Typed Name)