

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J33227** (6)

1. Corporation Name
CLIFTON HOMES, INC.



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

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

3. Date Incorporated or Qualified 09/11/1986	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2721868	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the Registered Agent or the Director to be replaced

Signature of the New Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS		[] DELETE
TITLE	D	
NAME	BINNS, PHILIP	
STREET ADDRESS	13832 EXOTICA LANE	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE	SD	
NAME	CARDER, J. MARTIN	
STREET ADDRESS	13194 LA MIRADA CIRCLE	
CITY-STATE-ZIP	WEST PALM BEACH FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		[] Change	[] Addition
1. TITLE			
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE-ZIP			
5. TITLE			
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE			
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE			
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			
17. TITLE			
18. NAME			
19. STREET ADDRESS			
20. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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 establish this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in 20 if accompanied with an address.

SIGNATURE: *Philip A. Binns* 3/27/96 (407) 362-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)