

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
 May 01 1997 8:00am  
 Secretary of State

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

Principal Place of Business Mailing Address  
**C/O DAVID J. WIENER**  
**1400 CENTREPARK BLVD. #1000**  
**WEST PALM BEACH, FL 33401**

3. Date Incorporated or Qualified **09/11/1986** 3a. Date of Last Report **03/29/96**  
 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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **7200 W. CAMINO REAL** 26 **7200 W. CAMINO REAL**  
 Suite, Apt #, etc. Suite, Apt #, etc.  
 22 **SUITE 314** 27 **SUITE 314**  
 City & State City & State  
 28 **BOCA RATON, FL** 29 **BOCA RATON, FL**  
 Zip Country Zip Country  
 34 **33433** 35 **U.S.A.** 30 **33433** 31 **U.S.A.**

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  
 01 Name  
 02 Street Address (P.O. Box Number is Not Acceptable)  
 03  
 04 City **FL** 05 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BINNS, PHILIP</b>	
STREET ADDRESS	<b>13832 EXOTICA LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDER, J MARTIN</b>	
STREET ADDRESS	<b>13194 LA MIRADA CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>1216 N. ATLANTIC DR.</b>
14 CITY-ST-ZIP	<b>LANTANA, FL</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>1062 AVIARY DR</b>
24 CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>200002167112</b>
64 CITY-ST-ZIP	<b>-05/06/97--01044--021</b>
	<b>***165.00</b>

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:** PHILIP A. BINNS **04/23/97** **(561) 362-0444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (9/97)

*Handwritten signature/initials*