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Jan 17 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 # J39656

(0)

1. Corporation Name
DOUBLE MM HOME SALES, INC.



Principal Place of Business

% MAUREEN E. MCLAY
950 W. ORANGE BLOSSOM TR.
APOPKA FL 32712

Mailing Address

% MAUREEN E. MCLAY
950 W. ORANGE BLOSSOM TR.
APOPKA FL 32712-3463

3. Date Incorporated or Qualified
10/27/1986

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 2561 W. ORANGE BLOSSOM TR.
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

4. FEI Number

59-2728634

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

City & State

23 Apopka FL

Country

Zip

24 32712

Country

25 ORANGE

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCLAY, MAUREEN E
4 SOMERSET DR.
SORRENTO FL 32776

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 and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSTD	MCLAY, MAUREEN E	4 SOMERSET DR.	SORRENTO FL 32776	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition

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:

M. E. Mclay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

407-880-7199

Date

Daytime Phone #

0063748

CR2E034 (9/96)