

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:04

DOCUMENT # **J57669** (0)

1. Corporation Name
PANORAMA HOMES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1971-B BILTMORE STREET
PORT ST LUCIE FL 34984**

Main Office Address
**1971-B BILTMORE STREET
PORT ST LUCIE FL 34984**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered **02/16/1987** 3a. Date of Last Report **07/12/1994**

2. Principal Place of Residence

2a. Mailing Address

4. FID Number
22-2795451

Applied For
Not Applicable

21. **1977 SW BILTMORE ST**

26. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. State Apt # of

27. State Apt # of

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. **PORT ST LUCIE FL**

28. City & State

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

24. **3/1/95**

25. State

29. City

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAVARETTA, STEPHEN ESQ.
8000 SOUTH FEDERAL HIGHWAY, SUITE 302
PORT ST. LUCIE FL 34952**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

1100 SW ST LUCIE WEST BLVD

83. City

PORT ST LUCIE

FL

85. Zip Code

34984

11. I, the undersigned, in the presence of the undersigned and myself, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by chapter 199 of the Statutes of Florida. Such statement was authorized by the corporation's Board of Directors, Officers, or the appropriate registered agent. I am familiar with and accept the stipulations of the law and statute Florida Statutes.

Subscribed

Attest: _____

Attest: _____

Attest: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| NAME | PST SEELEY, RONALD |
| Street Address | 167 N.E. JARDAIN ROAD |
| City | PORT ST LUCIE FL |
| NAME | |
| Street Address | |
| City | |
| NAME | |
| Street Address | |
| City | |
| NAME | |
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|----------------|--|---|
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| Street Address | | |
| City | | |

14. I, the undersigned, certify that the information supplied with this filing is true and fully furnished and that, equally, for the coming year, it is true and correct. I have read the Statutes of Florida and the rules of the Department of State and I am familiar with and accept the stipulations of the law and statute Florida Statutes. I am familiar with and accept the stipulations of the law and statute Florida Statutes.

SIGNATURE:

Ronald Seeley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

4/21/95 407 519 5411