FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997	Secretar DIVISION OF C	y of State ORPORAT	IONS	Secretary of State	
· · ·	MENT # J7423 L HOMES, INC.	2 (6)				
Principal Place	e of Business	Mailing Address		·] 1989 	
9501 NORMANDY BLVD. P.O. BOX 5804 JACKSONVILLE FL 32221		9501 NORMANDY BLVD. P.O. BOX 5604 JACKSONVILLE FL 32221-1428				
2. Principal P	ace of Business	2a. Mai'ing Address			3. Date incorporated or Qualified 05/26/1987 4. FEI Number	3a. Date of Last Report 05/14/1996 Applied For
21		26			59-2859219	Not Applicable
Suite, Apt 22	#. etc	Suile, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	9	City & State	····		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No	
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Reg	gistered Agent
	DELL, ROBERT		8	1 Name		
9501 NORMANDY BLVD			8:	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)
PO BOX 5604				3		
JAL	CKSONVILLE FL 32221		<u></u>	<u> </u>		
			84 City			FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or boln, in the St	502 and 607.1508, Florida Statute ite of Florida, Such change was a	es, the abouthorized i	ve-named cor by the corpora	poration submits this statement for the pattern is board of directors. I hereby accept	urnose of changing its registered
	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	orida Statuti	e5.		
SIGNATURE	Signature "typest on printed name of registered	agest and the dispplicable (NOTE	Registered A	gent signature requ	ured when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
THLE	LIDDELL, ROBERT 1.2		1.1 TATLE	1		Change Addition
NAME			1.2 NAMI			
STREET ADDRESS	HOWOON HIE FI			ET ADDRESS		
CITY-ST-70° THEE	D D	☐ DELETE	1.4 C/TY 2.1 TITLE			Change Addition
NAME	LIDDELL, ROBERT ALLEN		2 2 NAMI			
STREET ADDRESS	2420 GREEN SPRING DR.		2.3 STRE	ET ADDRESS		
CITY - ST- ZIP	JACKSONVILLE FL		2 4 City	- ST - ZIP		
TITLE		DELETE	3 1 TITLE	1		Change Addition
NAM:			3.2 NAMI	i		
STREET ADDRESS			I	F" ADDRESS		
CIFY-SI-ZIF TITLE	*	DELETE	4.1 TITLE	-ST-ZIP		Change Addition
NAME		4.21		, h		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIF			4.4 CITY			
11)11£			5 1 THILE			Change Addition
NAMÉ			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CHTY - ST - ZIP		DELFTE	5.4 CITY			Change Addition
TITLE NAME		F-7 Detr : E	6.1 TITLE 6.2 NAM			L Orange L Addition
STREET ADDRESS			1	ET ADDRESS		
OTHER MEDICA (S.)	İ		A O O UNE	ET DOONE 33		

14. If do hereby cert by 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 arroual 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 chapter or on an attachment with an address.

SIGNATURE:

FILED

Jan 14 1997 8:00am