

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

FILED
May 12 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 # J88545 (5)

1. Corporation Name
BELMONT HOMES OF BREVARD COUNTY, INC.



Principal Place of Business
2321 S. RIDGEWOOD AVE.
EDGEWATER FL 32141
US

Mailing Address
2321 S. RIDGEWOOD AVE.
EDGEWATER FL 32141-4228
US

3. Date Incorporated or Qualified 08/18/1987	3a. Date of Last Report 04/20/1996
4. FEI Number 59-2876474	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CARDER, DALE, B
1001 S. ORLANDO AVE.
COCOA BCH. FL 32931

10. Name and Address of New Registered Agent

81 Name	James C. Carder, Sr.		
82 Street Address (P.O. Box Number is Not Acceptable)	2321 S. Ridgewood Ave.		
83 City	Edgewater, Fl. 32141		
84 City	Edgewater	FL	85 Zip Code 32141

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: *James C. Carder, Sr.* (NOTE: Registered Agent signature required when reinstating) DATE: 4-22-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDER, DALE B.	1.2 NAME	James C. Carder, Sr.
STREET ADDRESS	1001 S. ORLANDO AVE.	1.3 STREET ADDRESS	2117 S. Riverside Dr.
CITY-ST-ZIP	COCOA BCH. FL	1.4 CITY-ST-ZIP	Edgewater, Fl. 32141
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDER, JAMES, C, SR	2.2 NAME	Dale B. Carder
STREET ADDRESS	2117 S. RIVERSIDE DR.	2.3 STREET ADDRESS	1001 S. Orlando Ave.
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	Cocoa Beach, Fl. 32931
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDER, ROSEMARY	3.2 NAME	Rosemary Carder
STREET ADDRESS	2117 S. RIVERSIDE DR.	3.3 STREET ADDRESS	2117 S. Riverside Dr.
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	Edgewater, Fl. 32141
TITLE	SV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDER, KELLY	4.2 NAME	
STREET ADDRESS	1001 S. ORLANDO AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BCH. FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Rosemary Carder* Rosemary Carder
Secy.

4-22-97 (904) 427-9556
Date: Daytime Phone #

CR2E034 (9/96)