

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J99129  
1. Corporation Name  
MODELHOME SHOWPARK, INC.

7-16-96 B-7305-NC  
(5)



Principal Place of Business Mailing Address  
2525 WATERVIEW PLACE WINDERMERE FL 34786

3. Date Incorporated or Qualified: 10/28/1987  
3a. Date of Last Report: 06/13/1995  
4. FEI Number: 59-2900435  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
ANDERSON, RODGER L.  
2525 WATERVIEW PL  
WINDERMERE FL 34786

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. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent, if a third party. (Note: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	ANDERSON, RODGER L.	
STREET ADDRESS	2525 WATERVIEW PLACE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	ST	DELETE <input type="checkbox"/>
NAME	ANDERSON, DEBORAH A.	
STREET ADDRESS	2525 WATERVIEW PL	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rodger L. Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96 248-6274  
Date District Phone #

CR2E034 (12/95)