

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

FILED

Apr 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 # **K32855** (4)  
1. Corporation Name  
**NEWHOME SALES & MARKETING CORPORATION**



Principal Place of Business  
**1806 SPRUCE CREEK BLVD-E  
DAYTONA BEACH FL 32124  
US**

Mailing Address  
**1806 SPRUCE CREEK BLVD-E  
DAYTONA BEACH FL 32124-6892  
US**

3. Date Incorporated or Qualified  
**08/24/1988**

3a. Date of Last Report  
**08/13/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>3301 OAK VISTA DR</b> 22 City & State <b>DAYTONA BEACH FL</b> 23 Zip <b>32124</b> Country <b>US</b>	2a. Mailing Address 26 Suite, Apt. #, etc. <b>3301 OAK VISTA DR</b> 27 City & State <b>DAYTONA BEACH FL</b> 28 Zip <b>32124</b> Country <b>US</b>	4. FEI Number <b>59-2920511</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FRIEDMAN, RICHARD A.  
1806 SPRUCE CREEK BOULEVARD, EAST  
DAYTONA BEACH FL 32124**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3301 OAK VISTA DRIVE**  
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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>FRIEDMAN, RICHARD 1806 SPRUCE CREEK BOULEVARD, EAST DAYTONA BEACH FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>3301 OAK VISTA DR.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124</b>
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>FRIEDMAN, KAREN L. 1806 SPRUCE CREEK BOULEVARD, EAST DAYTONA BEACH FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>3301 OAK VISTA DR.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Richard A. Friedman** 4/10/97 904 356-9991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)