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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra D. Mortifam

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # K38324

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DEAN HOMES, INC.

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Principal Place	e of Business	Mailing Address			E KROKOVIV DOM DIJEN DOBUC KIRES VI			
N. R. LLOYD WARREN 2800 HANSAOB ROAD DRIANDO FL 32804		% R. LLOYD WARREN 2800 HANSROB ROAD ORLANDO FL 32804-332	99					
ONLONDO PL S	320U-7	CHEMINO PE 32004332	: 4		3. Date Incorporated or Quali 10/12/1988		ate of Last R 01/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			59-2914927			t Applica
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🔲	\$8.75 / Fee Re	
City & State	6	City & State			6. Election Campaign Financi	ing	\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
⊸ ^{Zip}	Country	Zip	Country		8. This corporation has liabilit			199.032
24	25	29	30		Florida Statutes	Yes [
	9. Name and Address of Cu	rrent Hegistered Agent	81	Name	10. Name and Address of Ne	W Hegistered	Agent	
	rren, R. Lloyd		. 6'	Name				
) HANSROB ROAD ANDO FL 32804		82	Street Add	dress (P.O. Box Number is Not Acc	ceptable)		
٠,٠-			63					
		·	64	City		FL	85 Zip (Code
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505,	Florida Statutes	S.	ation's board of directors. I hereby			
SIGNATURE	Clone se broad or printed name of registers	of event and title if applicable //	IOTE: Bunislated And	ol cionaluro recu	ired when rejectations	DATE		
	Signature, typed or printed name of registere OFFICERS		IOTE: Registered Ago	nt signature requ	uired when roinstaling) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTOR	S IN 12
12.		d agent and title if applicable. (A AND DIRECTORS DELETE		nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO		DIRECTOR	
12. TITLE	OFFICERS D	AND DIRECTORS	13.	ent signature réqu				
12. TITLE NAME	D WARREN, R. LLOYD	AND DIRECTORS	13. 1.1 TITLE					
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I do hereby certify that the information supplied with this filling 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.

CIGNATURE.

REMOVELLY INTRICTION