SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (1)HABERLIN HOMES, INC. Principal Place of Business Mailing Address %RICHARD J. HABERLIN WRICHARD J. HABERLIN P O BOX 827 P O BOX 827 MARCO ISLAND FL 33969-7827 MARCO ISLAND FL 33969-7827 3a. Date of Last Report 3. Date Incorporated or Qualified 10/20/1988 03/31/1995 4, FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0084020 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country 2ip Zip Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HABERLIN, RICHARD J. 1559 CAXAMBAS COURT 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33969-7827 83 Zip Code 84 City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. [JAIL SIGNATURE Signature, types or printed name of registered agent and the diapplicable (NOTE: Reportered Agent signature required when resistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)13. OFFICERS AND DIRECTORS 12 DELETE 1.1 TITLE THILE HABERLIN, RICHARD J. R2E034 1.2 NAME NAME 1559 CAXAMBAS CT. 1.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 1 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2.1 THILE TITLE HABERLIN, MARGARET A. 2.2 NAME 1559 CAXAMBAS CT. 2.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY+\$1-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C-TY - ST - ZIP CITY-SI-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 61 HILE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP 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)(x). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96 (941) 394-4555