

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

FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K53563 (8)  
1. Corporation Name  
WOODMERE HOMES, INC.



Principal Place of Business 7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434	Mailing Address 7777 GLADES ROAD SUITE 410 BOCA RATON FL 33434-4198
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3. Date Incorporated or Qualified 12/23/1988	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0088507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
228 WEST GEORGIA STREET  
TALLAHASSEE FL 32301

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	WIENER, ELLIOTT M	<input type="checkbox"/> DELETE
NAME		7777 GLADES RD. #410	
STREET ADDRESS		BOCA RATON FL	
CITY-ST-ZIP			
TITLE	V	ARMSTRONG, JOEL	<input type="checkbox"/> DELETE
NAME		7777 GLADES ROAD, SUITE 410	
STREET ADDRESS		BOCA RATON FL 33434	
CITY-ST-ZIP			
TITLE	VTSD	HOYOS, JEFFREY	<input type="checkbox"/> DELETE
NAME		7777 GLADES RD	
STREET ADDRESS		BOCA RATON FL	
CITY-ST-ZIP			
TITLE	VSD	WEST, ALFRED G	<input type="checkbox"/> DELETE
NAME		7777 GLADES RD. #410	
STREET ADDRESS		BOCA RATON FL	
CITY-ST-ZIP			
TITLE	V	SLEEK, HARRY T	<input type="checkbox"/> DELETE
NAME		7777 GLADES RD #410	
STREET ADDRESS		BOCA RATON FL	
CITY-ST-ZIP			
TITLE	V	DAMIANO, THOMAS	<input type="checkbox"/> DELETE
NAME		7777 GLADES RD #410	
STREET ADDRESS		BOCA RATON FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery Hoyos SVP 3/7/97 501-482-5100

CR2E034 (9/96)