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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	ON TORNE						
1. Cospora-	JMENT # K790(EY HOMES, INC.	08 (4)						
Principal Place of Business Mailing Address						 		
030 B4TH ST NW RADENTON FL 34209 IS		P O BOX 14187 BRADENTON FL 34280-4187 US						
					3. Date Incorporated or Qualified 04/10/1989	3a. Date of 02/19/19	-	rt
	Place of Rusness	2a. Mailing Address			4. FEI Number 65-0110080		Applie	
Suite, Ap	д. # , eФ.	26			SR 75 Addition		pplicable litional	
2		27			5. Certificate of Status Desired		Fee Requir	
City & St.	ate:	City & State			6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to			
Zip "1	Country	Zip	├ ──	untry	8. This corporation has liability for			9.032,
4	25 9. Name and Address of Cu	29	30	[Florida Statutes 10. Name and Address of New R	Yes No		
EDI	and the second second second	Trent riegisteres Agent		81 Name	10. Name and Address of New II	Photosch Whell		
	FRENCH, C. TEU				Liver (D.O. Park) and a second live			
	RASOTA FL 34236		82 Street Ad		ddress (P.O. Box Number is Not Accepta	,bie)		
				83				
				84 City		85	Zip Cod	ie
	and the second of the second o			1 1 1	corporation submits this statement for the oration's board of directors. I hereby acce	┡┺	1 '	
agent i SIGNATURI	i am tamisar with land accept the c	ibligations of, Section 607.0505, f	Florida Sta	tutes.	equired whosi reinstating)	DATE		
12.	The second secon	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRI		
111116	D	☐ DELETE	1.1 ⊤	mf		∐ (Change [_	Addition
M/M:	HOUSLEY, JAMES D.		1.2 N					
STREET ADDÆÆ ∂ •	2030 84TH ST NW BRADENTON FL			TREET ADDRESS				
OTY-SUZIP DBE	D	T DELETE	1.4 U 2.1 I	HTY-ST-ZIP		П	Change	Addition
NAME	HOUSLEY, KATHY A.		2.2 N	1		۰ لسه		
STREET AUDRESS	ACCO CATIL OF MAL		1	TREET ADDRESS				
Crivist 7e	BRADENTON FL			DITY-ST-ZIP				
10, F		DELETE	317	ITLE			Change	Addition
NAM'			321	IAME:				
SIRFEL ADDICES	A		- 2	TREET ADDRESS				
City S 7/P	,	T DELEVE		CITY-ST-ZIF			Phonos F	Additor
TIELE NUMBER		[_] DELETE	411	NAME)		السا	Change	Addition
NAME STREET ADDRESS	s.			TREET ADDRESS				
CHY SI ZU				DITY-ST-ZIP				
litt		DELETE	511				Change	Addition
NAMe			52 N	IAME				
STREET AND ISS	A		5.3 \$	STREET ADORESS				
City St. 70°		·	5.4 0	ITY-ST-ZIP				
1011		DELETE	611	ITLE			Change	Addition
NAM				IAME (
STREET FAILURES	5			TREF1 ADDRESS				
CHY-S1 Z0			640	CITY - ST - ZIP				

14. I do his reby 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

A) athy a Hrusley.

Kathy Housley 3/18/97

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FILED

Mar 20 1997 8:00am

Secretary of State