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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

7 11 41 4		DIVISION OF CORPORATIONS				ons .	Secretary of State					
1997 DIVISION OF CORPORATIONS  DOCUMENT # K83828 (9)  CHALLENGER HOMES INC												
Procinal Plac	a of Business	<u> </u>		lailing Address								
Principal Place of Business  2250 DUMAS ST.			2250 DUMAS ST.									
MERRITT ISLAND FL 32952			MERRITT ISLAND FL 32952-5580									
								3. Date Incorporated or Qualified 04/27/1989	3a. Date 06/21		eport	
····	Place of Busin	0058		. Mailing Address	****			4. FEI Number		Ap	plied For	
Suite Apt	# oto		26	Suite, Apt. #, etc.			<del></del> ,	59-2945518			ot Applicable Additional	
22	M. UNG		27	Suite, Apr. #, 6tc.				5. Certificate of Status Desired		Fee Re		
Orty & Sta	te	· · · · · · · · · · · · · · · · · · ·	28	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1		
Zip		Country		Zip	Coun	try		8. This corporation has liability for			199.032.	
24		25 and Address of Curre	29 51 Regi	tared Agent	30			Florida Statutes  10. Name and Address of New R	Yes			
DAY	YNOR, WILL		tit megi	stered Agent		B1	Name	10. Hallie Bitti Address VI How II	Shareten vA			
	O DUMAS S				ļ.		Caroot Andr	tons (D.C. Down), where is Not Assessed	h (n)			
		ID FL 32952			,	B2	Street Add	ress (P.O. Box Number is Not Accepta	D <del>(</del> 6)			
					[1	B3						
		/			ļ.	34	City			<b>85</b> Zip (	Code	
		- 10 - 607.00	00	207 4500 51-14-01-1		$\perp$			FL	1	i	
11. Pursuant office or	registered ag	ent, or both, in the Stat	e of Flor	ida Such change was	authorized	by	the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose or cr pt the appoir	tment as	registered	
agent 1	am tan piar w	in, and accept the only	ganons o	COMPA		ites	i.	JO April	.1917	<b>)</b> '	Į.	
SIGNATURE	Significal by 9	or willed name of regelered as		e il applicable. (NOI	E Registered	Age	nt signature requ	ired when reinstating)	DATE			
12.	T 66	OFFICERS AF	ND DIRE	CTORS DELETE	13.			ADDITIONS/CHANGES TO OFF				
THEE NAME	PS	WILLIAM T., JR.		L'T DETCIE	1.1 TITA 1.2 NAA					] Change	Addition	
STREET ADDRESS	AAPA DIM	VAS ST.			1		ADDRESS				ļ	
OTY - SE-74P		ISLAND FL			1.4 CIT		i i					
7/11/5				DELETE	2.1 TITL				L	Change	Addition	
NAV:					2.2 NAM	ΜE	1				}	
STREET ADDRESS				•			ADDRESS				ļ	
CHY-Si-ZiP				DELETE	2. 4 CH	****	T-ZIP			Change	☐ Addition	
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STREET ADDRESS							ADDRESS					
CHY - S1 - ZiP					3.4. CIT		J					
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NAMÉ					4. 2 NA	ME	-				ĺ	
STREE - ADORESS					4.3 STR	EET.	ADDRESS				1	
CHY-S1-20				DELETE	4.4 CITY		T-ZIP			Change	Addition	
1 11,6	1			F" DECEIG	5.1 TITL 5.2 NAA				ļ	_ Change	L_) Addition	
NAME STREET ADDRESS							ADDRESS				ļ	
City - St- 7IP					5.4 CIT						İ	
THE	·   · · · · · · · · · · · · · · · · · ·			☐ DELETE	6.1 1111			The state of the s	Ε	Change	Addition	
NAME					6.2 NAM	VE					1	
STREET ADDRESS	1				6.3 STR	EET	ADDRESS				}	
					_							

14. 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 cerporation 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:

May 08 1997 8:00am