

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

FILED

Mar 31 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 # L08841 (3)
1. Corporation Name
ROCKWELL HOMES OF VENICE, INC.



Principal Place of Business % PHILIP D. FARHAT 1435 COLINGSWOOD BLVD. PORT CHARLOTTE FL 33948	Mailing Address P.O. BOX 2605 1435 COLINGSWOOD BLVD. PORT CHARLOTTE FL 33949-2605 US
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3. Date Incorporated or Qualified 08/10/1989	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21 1009 Cazenovia Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 2605 Suite, Apt. #, etc.
22 City & State 23 Port Charlotte, Fl	27 City & State 28 Port Charlotte, Fl
24 Zip 33949	29 Zip 33949
25 Country Charlotte	30 Country Charlotte

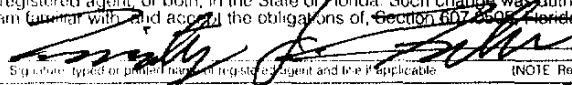
4. FEI Number 65-0140144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation 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
**FARHAT, PHILIP D.
1435 COLLINGSWOOD
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81 Name Timothy J. Farhat
82 Street Address (P.O. Box Number is Not Acceptable) 1365 Fargo St.
83
84 City Port Charlotte
85 Zip Code FL 33949

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 607.0509, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARHAT, PHILIP D.		1.2 NAME	
STREET ADDRESS 1435 COLLINGSWOOD		1.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DERRINGTON, GORDON		2.2 NAME Timothy J. Farhat	
STREET ADDRESS 1435 COLLINGSWOOD BLVD., UNIT G		2.3 STREET ADDRESS 1365 Fargo St.	
CITY-ST-ZIP MURDOCK FL		2.4 CITY-ST-ZIP Port Charlotte, Fl 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME FARHAT, PHILIP D.		3.2 NAME	
STREET ADDRESS 1435 COLLINGSWOOD		3.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARHAT, TIM		4.2 NAME Timothy J. Farhat	
STREET ADDRESS 1365 FARGO		4.3 STREET ADDRESS 1365 Fargo St.	
CITY-ST-ZIP PORT CHARLOTTE FL		4.4 CITY-ST-ZIP Port Charlotte, Fl 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 as an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)