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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L32591** **(4)**

1. Corporation Name
ALL QUALITY HOMES, INC.

Principal Place of Business	Mailing Address
% PAUL A SHAFFER 136 E PLYMOUTH AVE DELAND FL 32724 US	% PAUL A SHAFFER 136 E PLYMOUTH AVE DELAND FL 32724-2671 US

3. Date Incorporated or Qualified: 11/29/1989	3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-3035967	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SHAFFER, PAUL A
136 E. PLYMOUTH AVENUE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: Shaffer, Paul A
82 Street Address (P.O. Box Number is Not Acceptable): 5722 S. Flamingo Rd. Suite 148
83
84 City: Ft. Lauderdale, FL 85 Zip Code: 33330

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: Paul A. Shaffer 2/21/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARRY, CHARLES M		1.2 NAME	
STREET ADDRESS	674 BLACK IRONWOOD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, LLOYD C.		2.2 NAME	
STREET ADDRESS	929 BENT TREE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724		2.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SHAFFER PAUL A		3.2 NAME	VTSD
STREET ADDRESS	676 YALE RD		3.3 STREET ADDRESS	Shaffer Paul A
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	5722 S. Flamingo Rd. Ste. 148 Ft. Lauderdale, FL 33330
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Paul A. Shaffer, Director 2/21/97 954 431-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065710