


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90028 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L47242

1. Corporation Name
DESIGNER HOMES, INC.



Principal Place of Business 2311 LAKEVIEW DRIVE SUITE B SEBRING FL 33870-3602 US	Mailing Address PO BOX 4052 SUITE B SEBRING FL 33871 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 586 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 586 Suite, Apt. #, etc.
22 228 N. 6th Ave. City & State	27 228 N. 6th Ave. City & State
23 Wauchula FL Zip Country	28 Wauchula FL Zip Country
24 33873 25 U	29 33873 30 U.S.

3. Date Incorporated or Qualified 01/29/1990	
4. FEI Number 59-2992167	Applied For <input type="checkbox"/> 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
7. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVENUE SEBRING FL	10. Name and Address of New Registered Agent 81 Name Stephen E. Libby II 82 Street Address (P.O. Box Number is Not Acceptable) 228 N. 6th Ave. 83 84 City Wauchula FL 85 Zip Code 33873
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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]* DATE: 3-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIBBY, STEPHEN E., II		1.2 NAME Libby, Stephen E., II	
STREET ADDRESS 131 S COMMERCE AVE STE B		1.3 STREET ADDRESS P.O. Box 1355	
CITY-ST-ZIP SEBRING FL		1.4 CITY-ST-ZIP Leicester NC 28748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Libby, Casey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALBERT, SHERRYL <i>Coisey</i>		2.2 NAME P.O. Box 1355	
STREET ADDRESS RT 1, BOX 181D		2.3 STREET ADDRESS Leicester NC 28748	
CITY-ST-ZIP LINCOLN CENTER ME		2.4 CITY-ST-ZIP Leicester NC 28748	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3-4-99 DAYTIME PHONE #: 828 683 9886

CR2E034 (1/98)