


6-4-97 B 7750 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 04 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # L52771 (7)**  
 1. Corporation Name  
**OLYMPIA HOMES, INC.**



Principal Place of Business Mailing Address

**C/O PHILIP TATCH**  
**601 S LAKE DESTINY RD #200**  
**MAITLAND FL 32751**

**C/O PHILIP TATCH**  
**601 S LAKE DESTINY RD #200**  
**MAITLAND FL 32751-7262**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>Graham, Jessie</b>	26	<b>Graham, Jessie</b>	<b>02/19/1990</b>	<b>05/01/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	<b>369 N. New York Av.</b>	27	<b>369 N. New York Av.</b>	<b>59-3001215</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>Winter Park, FL</b>	28	<b>Winter Park, FL</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	<b>32789</b>	25	<b>Orange</b>	29	<b>32789</b>
		30	<b>Orange</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TATCH, PHILIP</b> <b>601 S LAKE DESTINY RD #200</b> <b>MAITLAND FL 32751</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>369 N. New York Avenue</b>		
				84	City	FL	85
		<b>Winter Park</b>		<b>32789</b>			

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: **4/24/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P.D.</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E034 (9/96)
NAME	<b>SCHAUB, FREDERIC G.</b>		1.2 NAME	<b>Joseph Kantor</b>			
STREET ADDRESS	<b>222 S WESTMONTE DR #210</b>		1.3 STREET ADDRESS	<b>222 S. Westmonte Dr. #210</b>			
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>		1.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>			
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V.D.</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>KANTOR, JOSEPH</b>		2.2 NAME	<b>Steve Mardinger</b>			
STREET ADDRESS	<b>222 S WESTMONTE DR #210</b>		2.3 STREET ADDRESS	<b>222 S. Westmonte Dr., #210</b>			
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>		2.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>			
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 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: *[Signature]* **Joseph Kantor** 4/24/97 407/ 682-6940