

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

**FILED**  
**Jun 03 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION,          ANNUAL REPORT          1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** L52771  
 1. Corporation Name  
**OLYMPIA HOMES, INC.**

Principal Place of Business      Mailing Address  
**222 S. Westmonte Drive #210      Same**  
**Altamonte Springs, FL 32714**

3. Date Incorporated or Qualified <b>02/22/90</b>	3a. Date of Last Report <b>06/04/97</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3001215</b>	Applied For <input type="checkbox"/> Not Applied For
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	28		
Zip	Country	29	30
24	25	29	30

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>Graham, Jessie</b> <b>369 N. New York Avenue</b> <b>Winter Park, FL 32789</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature used by the name of registered agent and the filer (add date) (NOTE: Registered Agent signature required when registering)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kantor, Joseph</b>	12 NAME	
STREET ADDRESS	<b>222 S. Westmonte Dr., #210</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>Altamonte Springs, FL 32714</b>	14 CITY-STATE-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Merdinger, Steven</b>	22 NAME	
STREET ADDRESS	<b>222 S. Westmonte Dr., #210</b>	23 STREET ADDRESS	
CITY-STATE-ZIP	<b>Altamonte Springs, FL 32714</b>	24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

**600002549586**  
**-06/05/98--01095--045**  
**\*\*\*150.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Joseph Kantor* **JOSEPH KANTOR PRES** 407 682-6940

CR2F034 (9/96)