FILE NOW: FILING FEE AFTER MAY 1-1S-\$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



CORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(2)

BRISTLE PINE HOMES, INC.

	of Business IARBOA DRIVE I GARDENS FL 33410		Mailing Address 2388 PALM HARBOR DRIVE PALM BEACH GARDENS FL 33410					
				3. Date Incorporated or Qualified 03/20/1990	ed 3a. Date of Last Report 05/01/1995			
2. Principal Pla	nce of Business	2a. Mailing Address			4. FEI Number		İ	Applied For
Suite, Apt #, etc.		26		65-0463943	\$9.75 Additional			
22		27			5. Certificate of Status Desired			Required
City & State		Orty & State			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip Country		Zip Country			8. This corporation has liability for			
24	25	29	30			s No		
	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New I	registered	Agent	
GORDON	N. FRFD		82	Charant Add-	ress (P.O. Box Number is Not Acceptal	folioù		
l	LM HARBOR DR		62	Street Add	ress (r.o. box nomber is not Accepta	Jiej		
PALM BE	EACH GARDENS FL 33410		83					
			84	City			85 Zi	ρ Code
11. Pursuant to	n the provisions of Sections 607 05	02 and 607 1508. Florida Statute	as the above r	samed manya	ration submits this statement for the pu	FL roose of di	_ [reastered office
12.	P	est nother aggisation in the NND DIRECTORS □ DELETE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	factories respons	ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
STREET ADDRESS GORDON, FRED 2388 PALM HARBOR DRIVE		E	1.2 NAME 1.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS F		14 CiTy - S	г. 7:Р				
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NAME STREET ADDRESS			2.2 NAME 2.3 STREFT	Ministra				
CITY - ST - ZiP			24 C/TY S					
TifLE		☐ DELETE	3 1 Title				Change	Total District
NAME			3.2 NAMe					
STREET ADDRESS			3.3 STREET					
CITY - S1 - ZIP		TI DELETE	. 34 C/TY S 4 1 TITLE	76			Change	☐ Addition
NAME			4.2 NAME				Change	[1] Vagiran
STREET ADDRESS			4 3 STREET	ADDRESS				
City-St-Zip			44 C/TY S					
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NAME			5.2 NAME					
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CITY - ST - ZiP			5.4.C.TY+S	r 7 <i>0</i>				
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NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-S1-7/P		A	64 GITY S					
certify that	y certify that the information supply the information indicated on this at am an officer or director of the co	Mual report or supplemental anni	ual report is tru	e and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Onapter 607, F	e same leoa	l effect as it	f made under

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OF DIRECTOR

1/21/46 407-627-3458