

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 1:35

DOCUMENT # L83329 (7)  
1. Corporation Name  
FLORIDIAN HOMES INC.

Principal Place of Business Mailing Address  
C/O PAUL T. TURSCAK  
550 S.E. PORT ST LUCIE BLVD  
PORT ST. LUCIE FL 34984  
C/O PAUL T. TURSCAK  
550 S.E. PORT ST LUCIE BLVD  
PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/11/1990 3a. Date of Last Report 04/15/1994  
4. FEI Number 65-0110422 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 1304 SW Bayshore Blvd Suite, Apt. #, etc. 26 Same as  
22 27  
23 Port St Lucie, FL City & State Port St Lucie, FL  
24 34983 25 St Lucie 29 34983 30 St Lucie

9. Name and Address of Current Registered Agent  
TURSCAK, PAUL T. James Lawless  
550 S.E. PORT ST. LUCIE BLVD. 1304 SW Bayshore Blvd  
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 607.0508, Florida Statutes.

SIGNATURE *James Lawless* President - James Lawless 3-17-95  
DATE

12. OFFICERS AND DIRECTORS  
TITLE VD  
NAME TURSCAK, PAUL T.  
STREET ADDRESS 550 S.E. PORT ST. LUCIE BLVD.  
CITY - ST - ZIP PORT ST. LUCIE FL 34984  
TITLE PTD  
NAME LAWLESS, JAMES  
STREET ADDRESS 550 S.E. PORT ST. LUCIE BLVD.  
CITY - ST - ZIP PORT ST. LUCIE FL 34984

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 1304 SW Bayshore Blvd  
1.4 CITY - ST - ZIP Port St Lucie, FL 34983  
2.1 TITLE  Change  Addition  
2.2 NAME 1304 SW Bayshore Blvd  
2.3 STREET ADDRESS Port St Lucie, FL 34983  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *James Lawless* President - 3-17-95 - (407-871-2919)  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR