

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Aug 22 1996 8:00 am  
Secretary of State

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



Principal Place of Business  
**1304 SW BAYSHORE BLVD  
PORT ST. LUCIE FL 34983  
US**

Mailing Address  
**1304 BAYSHORE BLVD  
PORT ST. LUCIE FL 34983  
US**

3. Date Incorporated or Qualified **06/11/1990** 3a. Date of Last Report **03/24/1995**  
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  
21 **930 Tumblin Kling Road** 2a. Mailing Address  
**930 Tumblin Kling Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State  
23 **Ft Pierce, FL** 27 City & State  
**Ft Pierce FL**  
24 Zip **34982** 25 Country **USA** 29 Zip **34982** 30 Country **USA**

9. Name and Address of Current Registered Agent  
**LAWLESS, JAMES  
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  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0504 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: *James Lawless* President. DATE: **7/9/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TURSCAK, PAUL T.</b>	
STREET ADDRESS	<b>1304 SW BAYSHORE BLVD</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWLESS, JAMES</b>	
STREET ADDRESS	<b>1304 SW BAYSHORE BLVD</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PTD Lawless, James</b>
2.3 STREET ADDRESS	<b>930 Tumblin Kling Rd.</b>
2.4 CITY-ST-ZIP	<b>Ft Pierce, FL 34982</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 officer 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: *James Lawless* DATE: **7/9/96** 407-466-2201

CR2E034 (12/95)