

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L88806** (9)
1. Corporation Name
NEWHOME SALES & REALTY CORPORATION



Principal Place of Business: **1896 SPRUCE CREEK BVD E DAYTONA BEACH FL 32124 US**
Mailing Address: **1896 SPRUCE CREEK BLVD E DAYTONA BEACH FL 32124 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **07/20/1990** 3a. Date of Last Report: **08/07/1995**
4. FEI Number: **59-3023220** 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

9. Name and Address of Current Registered Agent

**FRIEDMAN, RICHARD A.
1896 SPRUCE CREEK BLVD E
DAYTONA BCH FL 32124**

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 607.0402 and 607.1505, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE: ~~DP~~ DELETE
NAME: ~~DOTEN, LYNNE HUNT~~
STREET ADDRESS: ~~1895 SPRUCE CREEK BLVD E~~
CITY-ST-ZIP: ~~DAYTONA BEACH FL~~
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DP Change Addition
NAME: **CARL F. OSBURN**
STREET ADDRESS: **1300 WEBSTER ST.**
CITY-ST-ZIP: **ORLANDO, FL 32804**
TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied is true, correct, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the 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 my address.

SIGNATURE: *Carl F. Osburn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL F. OSBURN

4/1/96 704-756-6101

CR2E034 (12/95)