

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L89732 (6)

1. Corporation Name
CHATEAU BUILDERS, INC.



Principal Place of Business 151 REGIONS WAY BLDG 1 SUITE F DESTIN FL 32541 US	Mailing Address 151 REGIONS WAY. BLDG 1 SUITE F DESTIN FL 32541-5106 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/24/1990	3a. Date of Last Report 03/13/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3022323	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DRIVE SUITE 104 FT WALTON BEACH FL 32547		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. State	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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	NAME CRAWFORD, T. C	1.1 TITLE President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 233 YACHT CLUB DR	CITY-ST-ZIP FT WALTON BEACH FL	1.2 NAME Morton F. Moore	
		1.3 STREET ADDRESS 197 Edge Ave	
		1.4 CITY-ST-ZIP Valparaiso, FL 32580	
TITLE D	NAME CRAWFORD, T. C	2.1 TITLE T.C. Crawford	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 233 YACHT CLUB DR	CITY-ST-ZIP FT WALTON BEACH FL	2.2 NAME 151 Regions Way 1-P	Delete
		2.3 STREET ADDRESS Destin, FL 32541	
		2.4 CITY-ST-ZIP	
TITLE VP	NAME MOORE, MORTON F.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 197 EDGE AVE	CITY-ST-ZIP VAPALRASO FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **4-2-97**

CR2E034 (9/96)