


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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M16068 (2) 1. Corporation Name K.D. HOMES OF AMERICA, INC.					
Principal Place of Business 11715 ORNAGE GROVE BLVD. ROYAL PALM BEACH FL 33411			Mailing Address 11715 ORNAGE GROVE BLVD. ROYAL PALM BEACH FL 33411		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2538716	
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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DEVORE, GENE S. 2161 PALM BEACH LAKES BLVD. SUITE 301 W. PALM BEACH FL 33409				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	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME DP MCLEOD, KIM					
1.3 STREET ADDRESS 1314 STRATFORD ST.					
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33414					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME VD MACLEOD, DONALD					
2.3 STREET ADDRESS 1314 STRATFORD ST.					
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33414					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME VP TROSSEN, HOLLY					
3.3 STREET ADDRESS 14844 95TH LN N					
3.4 CITY-ST-ZIP WEST PALM BEACH FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

2/28/98

CR2E034 (10/97)