

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M70195 (6)

1. Corporation Name

BAY POINTE HOMES CORP.



Principal Place of Business

Mailing Address

664 S. MILITARY TRAIL
DEERFIELD BCH. FL 33442
US

664 S. MILITARY TRAIL
DEERFIELD BCH. FL 33442
US

3. Date Incorporated or Qualified

03/01/1988

3a. Date of Last Report

09/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

65-0032997

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

10. Name and Address of New Registered Agent

JOHNSON, KIMBERLEY C
664 S. MILITARY TRAIL
DEERFIELD BCH. FL 33442

81 Name
Gerald F. Blake

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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME FORRER, JOHN O.
STREET ADDRESS 664 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH. FL 33442

DELETE

TITLE PD
NAME BLAKE, GERALD F.
STREET ADDRESS 664 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH. FL 33442

DELETE

TITLE V
NAME STOVALL, MICHAEL T
STREET ADDRESS 664 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH. FL 33442

DELETE

TITLE VTSD
NAME BRACKEN, CYNTHIA M.
STREET ADDRESS 664 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH. FL 33442

DELETE

TITLE V
NAME JOHNSON, KIMBERLY C
STREET ADDRESS 664 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH. FL 33442

DELETE

TITLE V
NAME HARPER, PAMELA L
STREET ADDRESS 664 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH. FL 33442

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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:

[Signature] 4/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)