

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M78164 (4)
1. Corporation Name
CARDIFF HOMES, INC.

95 MAR 28 PM 6: 12

DO NOT WRITE IN THIS SPACE

Principal Place of Business % MICHAEL R. ROSSELET 4312 N. SUNCOAST BLVD. CRYSTAL RIVER FL 32629		Mailing Address % MICHAEL R. ROSSELET 4312 N. SUNCOAST BLVD. CRYSTAL RIVER FL 32629	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/27/1988	3a. Date of Last Report 01/25/1994
22 City & State	27 P.O. BOX 2578	4. FEI Number 59-2885672	Applied For Not Applicable
23 Zip	28 CRYSTAL RIVER, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 34428	25 USA	29 34423	30 USA
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROSSELET, MICHAEL R. 4312 N. SUNCOAST BOULEVARD CRYSTAL RIVER FL 32629		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 34428	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ROSSELET, MICHAEL R.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 968 N.E. 8TH AVE.	CITY ST ZIP CRYSTAL RIVER FL	1.2 NAME	
		1.3 STREET ADDRESS 4312 N. SUNCOAST BLVD.	
		1.4 CITY ST ZIP CRYSTAL RIVER, FL 34428	
TITLE VDS	NAME KEMPER, FRANCES A.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5971 N BROOKGREEN DR	CITY ST ZIP CRYSTAL RIVER FL	2.2 NAME	
		2.3 STREET ADDRESS 4312 N. SUNCOAST BLVD.	
		2.4 CITY ST ZIP CRYSTAL RIVER, FL 34428	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: *Frances A. Kemper, V. Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-95
Date

(904) 563-2550
Telephone Number