


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

**FILED**

**Feb 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M78164 (4)**  
1. Corporation Name  
**CARDIFF HOMES, INC.**



Principal Place of Business <b>% MICHAEL R. ROSSELET 4312 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34428 US</b>	Mailing Address <b>P. O. BOX 2578 4312 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34428-8381 US</b>
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3. Date Incorporated or Qualified <b>04/27/1988</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-2885672</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4312 N. SUNCOAST BLVD.</b> Suite, Apt. #, etc. 22 <b>CRYSTAL RIVER, FL</b> City & State 23 <b>CRYSTAL RIVER, FLORIDA</b> Zip 24 <b>34428</b>	2a. Mailing Address 26 <b>4312 N. SUNCOAST BLVD.</b> Suite, Apt. #, etc. 27 City & State 28 <b>CRYSTAL RIVER, FL</b> Zip 29 <b>34428</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>ROSSELET, MICHAEL R. 4312 N. SUNCOAST BOULEVARD CRYSTAL RIVER FL 34428</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>ROSSELET, MICHAEL R.</b>	
STREET ADDRESS	<b>4312 N. SUNCOAST BLVD.</b>	
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/>
NAME	<b>KEMPER, FRANCES A.</b>	
STREET ADDRESS	<b>4312 N. SUNCOAST BLVD.</b>	
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Frances A Kemper* **FRANCES A KEMPER, V-PRES 2/14/97 (352) 563-2550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)