


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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M97998** (2)
1. Corporation Name
WESTFIELD HOMES OF FLORIDA, INC.



Principal Place of Business 107 DUNBAR AVE SUITE I OLDSMAR FL 34877 US	Mailing Address 107 DUNBAR AVE SUITE I OLDSMAR FL 34877 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4350 W CYPRESS ST Suite, Apt. #, etc. 22 640 City & State 23 Tampa, FL Zip 24 33607	2a. Mailing Address 26 4350 W Cypress St Suite, Apt. #, etc. 27 640 City & State 28 Tampa, FL Zip 29 33607
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3. Date Incorporated or Qualified 09/12/1988	4. FEI Number 36-3611540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SOLOMON, STANFORD R. 101 E. KENNEDY BLVD STE 1818 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE 4350 W CYPRESS ST Ste 640	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATEWOOD, ROGER B.		1.2 NAME	
STREET ADDRESS 107 DUNBAR AVE		1.3 STREET ADDRESS Tampa FL 33607	
CITY-ST-ZIP OLDSMAR FL 34877		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE 600002509448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGER, ANDREW		2.2 NAME -05/04/98--01057--006	
STREET ADDRESS 107 DUNBAR AVE SUITE I		2.3 STREET ADDRESS ***150.00	
CITY-ST-ZIP OLDSMAR FL		2.4 CITY-ST-ZIP	
TITLE VS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORDINI, GLENN		3.2 NAME	
STREET ADDRESS 107 DUNBAR AVE SUITE I		3.3 STREET ADDRESS 4350 W CYPRESS ST Ste 640	
CITY-ST-ZIP OLDSMAR FL		3.4 CITY-ST-ZIP Tampa, FL 33607	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TURAIN, GREGORY M		4.2 NAME mark messerly	
STREET ADDRESS 107 DUNBAR AVE. STE. I		4.3 STREET ADDRESS 4350 W Cypress St Ste 640	
CITY-ST-ZIP OLDSMAR FL 34877		4.4 CITY-ST-ZIP Tampa, FL 33607	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE Wayne Weaver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PELLETZ, DAVID		5.2 NAME	
STREET ADDRESS 107 DUNBAR AVE STE. I		5.3 STREET ADDRESS 107 Dunbar Ave Ste I	
CITY-ST-ZIP OLDSMAR FL 34877		5.4 CITY-ST-ZIP FL 34877	
TITLE AST	<input type="checkbox"/> DELETE	6.1 TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THIBODEAU, DARLENE		6.2 NAME	
STREET ADDRESS 107 DUNBAR AVE STE. I		6.3 STREET ADDRESS 4350 W CYPRESS ST Ste 640	
CITY-ST-ZIP OLDSMAR FL 34877		6.4 CITY-ST-ZIP Tampa, FL 33607	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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.

CR2E034 (10/97)