


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 11 1997 8:00am  
Secretary of State

NONPROFIT 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 # N96000001332 (3)

1. Corporation Name

THE HOUSES OF ASHKELON, INC.

Principal Place of Business 3414 RICKY COURT JACKSONVILLE FL 32223	Mailing Address 3414 RICKY COURT JACKSONVILLE FL 32223
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1996		3a. Date of Last Report 3/7/1996	
4. FEI Number		<input checked="" type="checkbox"/> 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			

2. Principal Place of Business 21 1746 Landon Ave Jacksonville FL 32207		2a. Mailing Address 28 ← same Jacksonville FL 32207	
22 Suite, Apt. #, etc. 32207		27 Suite, Apt. #, etc.	
23 City & State Jacksonville Fla		28 City & State Jacksonville Fla	
24 Zip 32207 Country USA		29 Zip 32207 Country USA	

9. Name and Address of Current Registered Agent REYNOLDS, JOAN F 3414 RICKY COURT JACKSONVILLE FL 32223		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) new address 1746 Landon Ave 83 84 City Jacksonville FL 85 Zip Code 32207	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joan F. Reynolds Joan F. Reynolds Sept 7, 1997  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JOAN F	1.2 NAME	
STREET ADDRESS	3414 RICKY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, MERCEDE	2.2 NAME	
STREET ADDRESS	615 OAKS HOLLOW COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LYN	3.2 NAME	
STREET ADDRESS	12664 CORMORANT COVE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, JOY	4.2 NAME	
STREET ADDRESS	1534 PLAINFIELD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLEGRINO, JEANNE	5.2 NAME	
STREET ADDRESS	2888 BIRCHWOOD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSEY, ALICIA	6.2 NAME	
STREET ADDRESS	4725 WAVERLY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORTEGA FOREST FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Joan F. Reynolds Sept 7, 1997  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (4/97)