

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).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 OCT -6 PM 3:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000006399 (7)**
 1. Corporation Name
OPEN DOOR HOMES, INC.



Principal Place of Business	Mailing Address
1979 N.E. RICOU TERRACE JENSEN BEACH FL 34957	1979 N.E. RICOU TERRACE JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/16/1996			
22 City & State		27 City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		29		30	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BRAY, FRANK
 1979 N.E. RICOU TERRACE
 JENSEN BEACH FL 34957

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Frank Bray DATE 7-31-97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	FRANK BRAY
STREET ADDRESS		1.3 STREET ADDRESS	2392 MASLAN AV.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	JEREMY BRAY
STREET ADDRESS		2.3 STREET ADDRESS	2392 MASLAN AV.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY, TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	BETTY MARTIN
STREET ADDRESS		3.3 STREET ADDRESS	2392 MASLAN AV.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	400002315314--7
STREET ADDRESS		4.3 STREET ADDRESS	-10/08/97--01094--018
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: FRANK BRAY DATE: 7-26-97

CR2E037 (4/97)