

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mertham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000004461 (9)**

1. Corporation Name  
**USARTIC LOG HOMES, INC.**

Principal Place of Business <b>P.O. BOX 470009 DEPT. HBP LAKE MONROE FL 32747</b>	Mailing Address <b>P.O. BOX 470009 DEPT. HBP LAKE MONROE FL 32747-0009</b>
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2. Principal Place of Business 21 <b>SunTrust Bank, Suite 22</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>c/o Frank C. Whigham Stenstrom, McEntosh et al</b> Suite, Apt. #, etc.
22 <b>200 West First Street</b> City & State	27 <b>P.O. Box 4848</b> City & State
23 <b>Sanford, FL</b> Zip	28 <b>Sanford, FL</b> Zip
24 <b>32771</b> Country <b>USA</b>	29 <b>32772-4848</b> Country <b>USA</b>

3. Date Incorporated or Qualified <b>11/13/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3182668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BROWN, GERALD W  
4470 SCHILKE WAY  
PORT OF SANFORD  
SANFORD FL 32771**

10. Name and Address of New Registered Agent	
81 Name <b>Frank C. Whigham</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>Stenstrom, McEntosh, Colbert, Whigham + Simmons, P.A.</b>	
83 <b>SunTrust Bank, Suite 22</b>	
84 <b>200 West First Street</b>	
City <b>Sanford</b>	85 Zip Code <b>FL 32771</b>

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IKONEN MATTI</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 470009, DEPT. HBP</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MONROE FL 32747</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200 W. First St.</b>	2.2 NAME	
STREET ADDRESS	<b>SANFORD, FL 32771</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **March 10, 1997** 407.321.5647  
Daytime Phone #

CR2E034 (9/96)