FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. Corporation | MENT # P9200 HOUSE INVESTORS, INC. | 0006490 (6 | ·) | | | | | | | |
|---|---|--|---------------------|---------------------------------------|-----------------------------|---|------------------|-------------------------|------------------------------|--|
| Principal Place | of Business | Mailing Address | | | | 1 19211041 110 14110 11011 42111 60111 | | 11 0 01614 01010 | 1 (M(1) 1 M(1) (M) | |
| P.O. BOX 33 JUPITER FL | | P.O. BOX 3351 JUPITER FL 33477 | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 11/19/1992 | 1 | of Last Re 4/20/199 | 95 | |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number 65-0390491 | | J | Applied For | | |
| Suite, Apt. + | # etc | Suite Ant # etc | Suite, Apt. #, etc. | | | | | | Not Applicable Additional | |
| 22 | ., 0.0 | 27 | } ₁ | | | 5. Certificate of Status Desired | | | Required | |
| City & State |) | City & State | City & State | | | 6. Election Campaign Financing | F-1 | \$5.00 | D May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | |
| Zip Country | | Zip | - | | | 8. This corporation has liability for in | | x under s | 199.032, | |
| 24 | 9. Name and Address of Currer | 29 Agent | 30 | | | Florida Statutes Yes 10. Name and Address of New R | | Anent | | |
| | 5. Name and Address of Currer | it negleteled Ageilt | 8 | 1 Na | me | TV. Harrie and Address of New 71 | gisterou | Agent | | |
| RATHKE | , RICHARD C | | _ | 0 | | (D.O. David Johan la Net Assessed | <i>lal</i> | | | |
| 700 A-1 | | | 8 | 12 Str | eet Adore | ss (P.O. Box Number is Not Acceptab | e) | | | |
| | R FL 33477 | | 8 | 3 | | | | | | |
| • | | | 8 | 14 Cit | у | | FL | 85 Ziç |) Code | |
| 11. Pursuant t | a the provisions of Sections 607.0502 | and 607.1508, Florida Statut | tes, the above | | d corpora | ition submits this statement for the pur | oose of cha | anging its r | egistered offic | |
| or register familiar wit | ed agent, or both, in the State of Flori th, and accept the obligations of, Sect | da. Such change was authoriz ion 607.0505, Florida Statutes | zed by the co s. | rporati | on's board | d of directors. I hereby accept the appo | ointment as | registered | agent. I am | |
| SIGNATURE | | | | | | | | | | |
| 12. | Signature, typed or printed name of registered agent and title Tapplicable (NOTE: Re OFFICERS AND DIRECTORS | | | gislered Agent signature required | | whererenslating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND | DIRECTO | RS IN 12 | |
| TITLE | D | DELETE 1. | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | | | Change | Addition | |
| NAME | GORE, H. GEARL | | | | | • | | | | |
| STREET ADDRESS | • | | 1.3 STRI | | | | | | | |
| CITY - S1 - ZIP | JUPITER FL 33477 | | 1.4 CITY | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | D | DELETE | 2 1 111 | .E | | | [| Change | ☐ Addition | |
| NAME | HASKINS, RICHARD J | 22 N | | 2 2 NAME | | | | | | |
| STREET ADDRESS | 201 S. SEAS DR. #101 | | 23 STRI | ET ADDR | FSS | | | | | |
| CITY-ST-ZIP | JUPITER FL 33477 | | | - ST - ZIP | | | | | FT APPE | |
| TITLE | DATHE BOHADO C | ☐ DELETE | 3 1 1110 | | | | i. | Change | ☐ Add-tion | |
| NAME STREET ADDRESS | RATHKE, RICHARD C 364 GULFVIEW RD | | 3 2 NAM | ie Eet addii | orce | | | | | |
| STREET ADDRESS CITY-ST-ZIP | N. PALM BEACH FL 33408 | | | '-ST-ZIP | | | | | | |
| TITLE | D | DELETE | 4. 1 TITE | | | | <u> </u> | Change | Addition | |
| NAME | SCHUPP, RUDY E | _ | 4.2 NAM | | | | • | | _ | |
| STREET ADDRESS | 706 XANADU PLACE | | | EET ADDR | ESS | | | | * | |
| C/TY-ST-Z/P | JUPITER FL 33477 | | 4.4 CITY | '- \$T- ZIP | | | | | | |
| TITLE | | DELETE | 5. 1 T(T) | .F | | | 1 | Change | Addition | |
| NAME | | | 5.2 NAM | TE | | | | | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDF | ESS | | | | | |
| CITY-SI-ZIP | | | | - ST- ZIP | | | , | | The same | |
| TBUE | | ☐ DELETE | 6. 1 111 | | | | l | Change | Addition | |
| NAME | | | 6.2 NAN | | | | | | | |
| STREET ADDRESS | | | | EET ADDF | | | | | | |
| CITY - ST - ZIP | | | 6.4 CITY | - ST - ZIP | | | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ER OR DIRECTOR

APR 14/96 407-7461450