FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

AMENDED AND FILED

95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008413 (6)

1. IMPERIAL HOMES OF PORT ST. LUCIE, INC.

Mailing Address	Mailing Address
691 SW PT ST LUCIE BLVD PORT ST LUCIE FL 34953	691 SW PT ST LUCIE BLVD PORT ST LUCIE FL 34953

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 2091 SW GATLIN BL	26 2091 SW GATLIN BL	01/01/1993	05/01/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0374969	☐ Applied For ☐ Not Applicable
23 PT ST LUCIE FL.	28 PT ST LUCIE FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 34953 / 25 USA	29 34953 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHERVENY, SHIRLEY 691 SW PT ST LUCIE BLVD PORT ST LUCIE FL 34953	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: Shirley Cherveny 2/21/95
(Registered Agent Signature required when reinstating) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D CHERVENY, SHIRLEY 691 SW PR ST LUCIE BLVD PORT ST LUCIE FL 34953	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. To the best of my knowledge, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: Shirley Cherveny 2/21/95 407-336-8000
SIGNATURE AND TYPED OR PRINTED NAME OF ROUND OFFICER OR DIRECTOR Date Daytime Phone #

0403887 FP