

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

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Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000012609 (2)

1. Corporation Name

SMILEN HOMES CORPORATION

Principal Place of Business

3440 SW 117 AVE  
DAVE FL 33330

Mailing Address

3440 SW 117 AVE  
DAVE FL 33330-1726



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.		02/18/1993	04/19/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0388904	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				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	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SMILEN, GERALD SR  
3440 SW 117 AVE  
DAVE FL 33330

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SMILEN SR, GERALD	1.2 NAME	
STREET ADDRESS	3440 S W 117 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SMILEN, JULIE	2.2 NAME	
STREET ADDRESS	3440 S W 117 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SMILEN SR, GERALD	3.2 NAME	
STREET ADDRESS	3440 S W 117 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*Gerald S*

3/16/97 (954) 979-3336

CR2E034 (9/96)