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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 01 1997 8:00am

Secretary of State

DOCUMENT # P93000014422 (8)

REGAL HOMES, INC.

STREET ADDRESS

			•			
Principal Place of Business 2131 HOLLYWOOD BLVD. SUITE 205 HOLLYWOOD FL 33020		Mailing Address 482 SW POINT ST. PORT ST. LUCIE FL US				III OBTOR HELK BIBIN BIBID HIBID HIBA 1886
US					<ol> <li>Date Incorporated or Qualified 02/25/1993</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		<u>⊢</u> `	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26   Suite, Apt. #, ε	Suite, Apt. #, etc.		59-3177964	Not Applicable  \$8.75 Additional
22		27	· · · · · ·		5. Certificate of Status Desired	Fee Required
City & State		Cily & State	├-¬ ·		6. Election Campaign Financing	\$5.00 мау Ве
Zip	Country	28 Zip	Country		Trust Fund Contribution	Added to Fees
24	25	29	30		<ol> <li>This corporation has liability to Florida Statutes</li> </ol>	or intangible tax under s. 199.032,  X Yes  No
	9. Name and Address of Cu		1301		10. Name and Address of New F	
	RUZŻELLI, PHILIP		81	Name		
	SW PORT ST. LUCIE BLVD.		82	Street Add	ress (P.O. Box Number is Not Accept	able)
PUK	T ST. LUCIE FL 33020		83			
			84	City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.	0502 and 607.1508, Florida	Statutes, the above was authorized by	named corp	poration submits this statement for the ion's board of directors. I hereby acc	purpose of changing its registered
agent. I a	im familiar with, and accept the of	bligations of, Section 607.05	505, Florida Statutes		and a sure of the other. Thereby acco	opi ino appointment as registerect
SIGNATURE	Signature, typed or printed name of registeres	d agent and tile if applicable	(NOTE Registereo Age	ul Siocalure recou	red when reinstaling!	DATE
12.	OFFICERS	AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFF	
TITLE	D D D D D D D D D D D D D D D D D D D	DELE	TTE 1.3 TITLE			Change Addition
NAME PETRUZZELLI, PHILIP G STREET ADDRESS 482 SW PORT ST. LUCIE BLVD		I Vn	1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	PT. ST. LUCIE FL 33453	L40.	1.3 STREET			
TITLE	D	DITE	1.4 C(1)Y - S1 F1E 2.1 T(1) E	1- ZIP		Change Addition
NAME	HOFFMAN, SHELDON H		2.2 NAME			E change E Adokton
STREET ADDRESS	2131 HOLLYWOOD BLVD.,S	UITE 205	2.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-S	1-21P		
TITLE		DELE				Change Addition
NAME STREET ASSOCIACE			3.2 NAMC			
STREET ADDRESS City-St-Zip			3.3 STREET.			
TITLE		DELE	3.4. CITY-S TE 4.1 TITLE	1-219		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET	AODRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CHY-S1	- ZIP		
TITLE		☐ DELE				Change Addition
NAME CTREET ADODGEC			5.2 NAME			
STREET ADDRESS			5 3 STREET	+		
CITY-ST-ZIP TITLE		DELE	54 GITY- ST	- 202		Change Addition
						ET change ET vocilion

6.3 STREET ADDRESS

To 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