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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018046 (1)

1. Corporation Name

CONDEV HOMES CORP.



Principal Place of Business

2487 ALOMA AVE
WINTER PARK FL 32792

Mailing Address

2487 ALOMA AVE
WINTER PARK FL 32792

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

GARDNER, ROBERT N
2487 ALOMA AVE
WINTER PARK FL 32792

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 the corporation)

(Typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	GARDNER, ROBERT N	2487 ALOMA AVE	WINTER PARK FL	<input type="checkbox"/>
VP	GARDNER, JOSEPH J	2487 ALOMA AVE	WINTER PARK FL	<input type="checkbox"/>
S	GARDNER, JOSEPH J	2487 ALOMA AVE	WINTER PARK FL	<input type="checkbox"/>
T	GARDNER, ROBERT N.	2487 ALOMA AVE	WINTER PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY - ST - ZIP
	Gardner, Robert N.																		

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 115.07(3)(c), 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:

Robert N. Gardner 2/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 674 6748

Executive Phone #

CR2E034 (12/95)