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

DOCUMENT # P93000022187 (7)

SOUTHERN HOMES, INCORPORATED

Principal Place of Business

Mailing Address

FILED May 13 1997 8:00am Secretary of State



139 WEST PAU LAKE WORTH			139 WEST PALMETTO ROAD LAKE WORTH FL 33467-4830											
							3	3. Date Incorporated or Qualified 03/22/1993	1	te of Le 25/19	96			
2. Principal Pi	lace of Busine	2a, Ma 26	2a, Mailing Address 26				-	4. FEI Number 65-0405962			Applied For Not Applicable			
Suite, Apt.	#, etc.	Sul 27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State			City 28	City & State				(6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to					
Zip 24	Country Ζίρ 25 29				Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
		and Address of Cu	rrent Registere	d Agent		81	Name	1(D. Name and Address of New F	Registered A	lgent			
VENDETTE, MARIO 139 WEST PALMETTO ROAD						82								
	E WORTH F					Street	Address	ess (P.O. Box Number is Not Acceptable)						
		• • • • • • • • • • • • • • • • • • • •				83								
						84	City			FL	85	Zip C	ode	
11. Pursuant I	to the provision	ons of Sections 607	0502 and 607.1	508, Florida Statu	ites, the a	bove	-named	corporat	ion submits this statement for the board of directors. I hereby acc	purpose of	_tt_ chang	ing its	registered	
agent. I a	m familiar will	h, and accept the o	bligations of, Se	ction 607.0505, F	Torida Sta	itutes	ine con i.	poragiona	s board or threatons i hereby act	cpr de app	on to reci	ii Go i	egiatereo	
SIGNATURE	Signature typed o	x printed name of registero	d aront and tille if acr	neable /NC	M. Honiston	o And	n) signature	r roquired wh	nor reinstating)	DATE				
12.	Orginal Co. (F) Co. C		AND DIRECTO		13.			Telepont of In	ADDITIONS/CHANGES TO OFF		DIREC	TORS	S IN 12	
TITLE	P			DELETE	1.1 7	ILE					☐ Cha	inge	Addition	
NAME	MARIO VE				1.2)	IAME								
STREET ADDRESS		ALMETTO RD.					ADDRESS							
CITY-ST-ZIP	LAKE WO	RTH FL 33467		DELETE		HTY-S	1 - 7)P				Cha		Addition	
TITLE NAME				[] Detrik	211					,	L 01K	rigo	Nouvillati	
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP							51 - 7IP							
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NAME					321	IAME								
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TITLE				☐ DELETE		ITLE					☐ Cha	ange	Addition	
NAME						NAME								
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP TITLE	<u> </u>			DELETE	5.1 1	HTY-S THE	1-211	-	and the second of the second o		Cha	ange	Addition	
NAME						MANE								
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	7),					HTY-S								
TITLE	\$5.			DILFTE		IILE					Cha	inge	Addition	
NAME					621	IAME								
STREET ADORESS					6.3 \$	STREET	ADORESS							
CITY-ST-ZIP					6.4 (my-s	1 - 2IP							

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.

CIONATURE.

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1/20/97

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