SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:16

DOCUMENT # **P93000030496 (2)**

1. Corporation Name
MIDWEST HOME BUILDERS, INC.

Principal Place of Business	Mailing Address
690 FAIRWAY DR PLANTATION FL 33317 US	690 FAIRWAY DR PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	21	480 NW 6 TH AVE	
Suite, Apt. #, etc.	22		
City & State	23	BOCA Raton FL	
Zip / Country	24 / 25	33432 / USA	
2a. Mailing Address	26	480 NW 6 Ave	
Suite, Apt. #, etc.	27		
City & State	28	Boca Raton FL	
Zip / Country	29 / 30	33432 / USA	

4. FEI Number: 65-0407347 ☐ Applied For ☐ Not Applicable
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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STANFORTH, KRAIG G 480 N.W. 6TH AVENUE BOCA RATON FL 33432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	STAMPORTH, KRAIG	1.2 NAME		
STREET ADDRESS	480 NW 6 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BAXON, VAN J	2.2 NAME		
STREET ADDRESS	11180 NW 36 CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☑ Change ☐ Addition
NAME	DAVIDSON, ROBERT J	3.2 NAME		
STREET ADDRESS	~~690 FAIRWAY DR~~	3.3 STREET ADDRESS	54 NW 6 TH AVE	
CITY-ST-ZIP	~~PLANTATION FL~~	3.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 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: Kraig Stamporth Pres 8/3/95 407 362 7416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STAMPORTH 407 750 7144

0075040 CP