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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P93000030496 (2)

MIDWEST HOME BUILDERS, INC.

Principal Place of Business Mailing Address 480 NLW 6TH AVE HAY 9 MTN-001 BOCA RATON-EL 83432 BOCA RATON-FL 33432-3630 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1993 07/30/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NW 6 AVE 65-0407347 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STANFORTH, KRAIG G 480 N.W. 6TH AVENUE 82 Street A **BOCA RATON FL 33432** 83 64 City 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 of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a total control of the corporation of the cor SIGNATURE OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change Addition TITLE 1.1 TO CE STAMPORTH, KRAIG MALIF 1.2 NAME 480 NW 6 AVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE STCD DAVIDSON, ROBERT J 2.2 NAME 54 N W 6TH AVE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME

64 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 frustee 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 attackment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

**5.2 NAME** 

6.1 TITLE

6.2 NAME

DELETE

DELETE

NOMETINE. APRILLED AND MANUEL

5/7/97 561 3/2 7416

Change

Change

Addition

Addition

FILED

Jun 18 1997 8:00am

Secretary of State