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Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000056928 (3)

1. Corporation Name

PICERNE HOMES, INC.

Principal Place of Business

~~1000 N ORLANDO AVE~~
~~SUITE A~~
~~WINTER PARK FL 32780~~

Mailing Address

215 N. EOLA DR.
ORLANDO FL 32801
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 247 N. Westmonte Drive		26 Suite, Apt. #, etc.		08/13/1993	
22 City & State		27 City & State		4. FEI Number	
23 Altamonte Springs, FL		28 Zip		59-3199108	
24 32714		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FILDES, RICHARD J.
215 N EOLA DR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	PICERNE, RONALD R S	1.2 NAME	
STREET ADDRESS	75 LAMBERT LIND HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI 02886	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	PT
NAME	PICERNE, ROBERT M.	2.2 NAME	PICERNE, Robert M.
STREET ADDRESS	1000 A N ORLANDO AVE	2.3 STREET ADDRESS	247 N. Westmonte Drive
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VPS	3.1 TITLE	VPS
NAME	ERICH, JACK W.	3.2 NAME	ERICH, Jack W.
STREET ADDRESS	1000 A N ORLANDO AVE	3.3 STREET ADDRESS	247 N. Westmonte Drive
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	VP	4.1 TITLE	VP
NAME	PASCIONI, GARY L.	4.2 NAME	PASCIONI, Gary L.
STREET ADDRESS	100 A N ORLANDO AVE	4.3 STREET ADDRESS	247 N. Westmonte Drive
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:

Jack W. Erich VPS

1-15-98 407/772-0200

CR2E034 (10/97)