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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063217 (2)

CORINTHIAN HOMES, INC.

FILED Jan 27 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | I INTERIOR IN INIO INIO MAIN ORIN ORIN STA | (1 40114 (1104 | ILIM I sas i (18 | ii: (00) (00) |
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| 4233 CLOVERI CASSELBERRY | LEAF PL. 1 FL 32707 | 4233 CLOVERLEAF PL. CASSELBERRY FL 3270 |)7 -4703 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 06/31/1993 | 1 | e of Last R 10/1996 | teport |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | **** | 59-3200573 | | | ot Applicable |
| Suite Apt. #. etc 2 | | Suite, Apt #, etc. | Suite, Apt #, etc. | | 5. Certificate of Status Desired | | \$8.75 A | Additional equired |
| City & State | 3 | City & State | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added | |
| <i>Z</i> ıp 24 | Country | Zip 29 | Countr 30 | гу | 8. This corporation has liability for i | intangible t Yes 🏂 | | . 199.032, |
| .41 | 9. Name and Address of Current | | 1301 | | 10. Name and Address of New Re | | | |
| RI IF | ENCAMINO, PRISCILA B | | 81 | 1 Name | | | | |
| 4233 CLOVERLEAF PL. | | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| CAS | SSELBERRY FL 32707 | | 83 | 1 | | | | |
| | | | 85 | 3 | | | | |
| | | | 84 | 4 City | | FL | 85 Zip | Code |
| 11. Pursuant in office or readers. Lat | to the provisions of Sections 607 0502 egistered agent, or both, in the State on familiar with, and accept the obliga | 2 and 607.1508, Florida Stat of Florida: Such change was itions of, Section 607.0505, I | tutes, the abor s authorized b Florida Statute | ve-named cor by the corpora es | rporation submits this statement for the pation's board of directors. I hereby accep | ourpose of of the appo | changing i Intment as | ts registered registered |
| | | | | | | | | |
| SIGNATURE | | | | | | CATE | | |
| | Signature agricul or protest towns of registered ages | | OTE Registerød A | | uirad when reinsiating) ADDITIONS/CHANGES TO OFFIC | DATE CERS AND | DIRECTOR | RS IN 12 |
| 12. | She above type door perilect came of registered ages OFFICERS AND | | | gent signature requ | ured when reinstating) ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTOF | |
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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 eath; 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 for on an attachment with an address.

SIGNATURE

PRISCICA BUNCHUNO 1-71-97 400

- 699 - 6207