

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000065304 (6)

1. Corporation Name

CORAIL HOMES, INC.



Principal Place of Business

2032 THESY DRIVE  
MELBOURNE FL 32901

Mailing Address

P.O. BOX 410196  
MELBOURNE FL 32941

3. Date Incorporated or Qualified 09/20/1993  
3a. Date of Last Report 02/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3208182	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 EAST VIRGINIA AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	James Peebles
82. Street Address (P.O. Box Number is Not Acceptable)	505 N. Orlando Ave.
83.	
84. City	Cocoa Beach
85. Zip Code	FL 32932

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 of officer or director of registered agent and the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLERC, JEAN-YVES	12 NAME	James Peebles
STREET ADDRESS	345 MOHAWK LANE	13 STREET ADDRESS	505 N. Orlando Ave
CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	P.O. Box 410196 Melbourne, FL 32941-32932
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUVRET, GUY	22 NAME	
STREET ADDRESS	8442 ROYAL STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 32487	24 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUVRET, JOCLYNE	32 NAME	
STREET ADDRESS	8442 ROYAL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 32487	34 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	100001799241
STREET ADDRESS		43 STREET ADDRESS	-04/29/96--01078--024
CITY-ST-ZIP		44 CITY-ST-ZIP	***200.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

322-96

Date

407-783-2218

Business Phone #

CR2E084 (12/95)