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Mailing Address

1555 N. COCOA BLVD. COCOA FL 32922-8933

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1555 N. COCOA BLVD.

COCOA FL 32922



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067264 (0)

INVESTOR HOME REALTY, INC.

08/07/1996 09/22/1993 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-4303762 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Ζıp 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOEHRINGER, BARBARA 1559 N. COCOA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sityour ce, type if or printed name of registered agent and tillouf applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THELE 1.1 TITLE MOEHRINGER, BARBARA NAME 1.2 NAME 1555 N COCOA BLVD 1.3 STREET ADDRESS STREET ADDRESS COCOA FL 32922 CHY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE DIRECTOR Change Addition | TITLE 2.1 TITLE MICHAEL J. PAPA 1555 N. COCOA BLVA NAME 2.2 NAME STHELT ADDRESS 2.3 STREET ADDRESS COCOA, FL. 32922 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE 3.1 TITLE Change Addition TOU 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - Z(P CITY-ST-ZIP DELETE Addition Change TPUE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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.

FILED Apr 28 1997 8:00am Secretary of State

3a. Date of Last Report

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3. Date Incorporated or Qualified

APRIL 20,1997