FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000079045 (9)

1. Corporate Name
MIRAGE HOMES, INC.

Principal Address
P O BOX 822
VALRICO FL 33594
US

Mailing Address
P O BOX 822
VALRICO FL 33594
US

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 11/04/1993
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
Zip
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
Zip
29 30

4. FEI Number: 59-3217389
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has ceased to qualify for exemption under s. 196.192, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SPROW, DENNIS C
5202 SILVERADO WAY
VALRICO FL 33594

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 Section 607.0505, 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. The 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 duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SPROW, DENNIS C	OLD NAME	
STREET ADDRESS	5202 SILVERADO WAY	NEW STREET ADDRESS	
CITY, ST, ZIP	VALRICO FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SPROW, SHARON A	OLD NAME	
STREET ADDRESS	5202 SILVERADO WAY	NEW STREET ADDRESS	
CITY, ST, ZIP	VALRICO FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		OLD NAME	
STREET ADDRESS		NEW STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		OLD NAME	
STREET ADDRESS		NEW STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		OLD NAME	
STREET ADDRESS		NEW STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		OLD NAME	
STREET ADDRESS		NEW STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as officer or director of the corporation named herein as of the date of the report or supplemental report in which I am no longer an officer or director of the corporation. I further hereby certify that I am familiar with and accept the duties and responsibilities as officer or director of a Florida corporation and that my name appears in Section 12 or Section 13 of this report or an attachment with an address.

SIGNATURE: Dennis C. Sprow — DENNIS C. SPROW — 1-24-95 — (813) 681-3062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Telephone Number

0200300 CP