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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCUN 1. Corporation	MENT # P93000	0079045 (9)				
·	HOMES, INC.					L(46) 6)() 168)
Principal Place	of Business	Mailing Address			NATA MENIA INNYA MARIA	HIVOI OIH IOOI
P O BOX 822		P O BOX 822) 		
VALRICO FL 33594		VALRICO FL 33594 US		De Control of Decoration		
US		03		3. Date Incorporated or Qualified 11/04/1993	3a. Date of Last Re 05/01/199	•
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
520		26 5202 Si	CUERCADOWAY	59-3217389		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional Required
City & State	C	City & State		6. Election Campaign Financing	\$5.0	May Be
	RICO FLORIDA	28 VALEICO,	FLORIDA	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for Elorida Statutes Yes		199.032,
335	イイ 25 円による化の点 9. Name and Address of Curren		30 Hussola	Florida Statutes Yes 10. Name and Address of New R		
	9. Name and Address of Current	t negistered Agent	81 Name			
SPROW, DENNIS C 82 Street Add				ess (P.O. Box Number is Not Acceptab	Ale)	
5202 SILVERADO WAY						
	FL 33594		83			
			B4 City		FI_ 85 Zij	Code
familiar wit SIGNATI IRE	h, and accept the obligations of, Section 1997	Director	ENNIS C. SPR	g when reinstating)	4.26-94 DATE	
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		RS IN 12
ITLE	D	DELETE	1. 1 TITLE		Change	[] Addition
NAME	SPROW, DENNIS C		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	5202 SILVERADO WAY VALRICO FL		1.4 CHY-ST-ZIP			
CITY-ST-ZIP ITLE	D	☐ DELETE	2 1 TITLE		☐ Change	Addition
AME	SPROW, SHARON A		2.2 NAME			
STREET ADDRESS	5202 SILVERADO WAY		2.3 STREET ADDRESS			
DITY-ST-ZIP	VALRICO FL	DELETE	2.4 C(TY - ST - ZIP 3. 1 TITLE		Change	Addition
TITLE		Dotter	3.2 NAME		2 -1-1	
name Street address			3.3 STREET ADDRESS			
STREET MUDICOS	·		3.4 C(TY-ST-ZIP			protect
INTLE		DELETE	4 1 Title		Change	Addition
IAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
OTY-ST-ZIP		[] DELETE	4.4 CITY - \$1 - ZIP 5. 1 TITLE		Change	Addition
TITLE Name		L.	5.2 NAME			
STREET ADORESS			5.3 SYREET ADDRESS			
CITY-ST-ZIP			5.4 C/TY - ST - Z/P		D Oha-se	[] Addition
TITLE		☐ DELETE	6 1 TITLE		☐ Change	Addition
name			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE: