

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PC3000080125 (6)**

1. Corporation Name
NATIONAL CUSTOM HOMES III, INC.



Principal Place of Business 5702 VINTAGE OAKS CIR DELRAY BEACH FL 33484 US	Mailing Address 5702 VINTAGE OAKS CIR DELRAY BEACH FL 33484-6421 US
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3. Date Incorporated or Qualified 11/19/1993	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21. 855 S. FEDERAL HIGHWAY Suite, Apt. #, etc. 22. SUITE #211 City & State 23. BOCA RATON, FLORIDA Zip 24. 33432 Country 25. U.S.A.	2a. Mailing Address 26. 855 S. FEDERAL HIGHWAY Suite, Apt. #, etc. 27. SUITE #211 City & State 28. BOCA RATON, FLORIDA Zip 29. 33432 Country 30. U.S.A.
4. FEI Number 65-0451008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLOSSBERG, SAUL A 5702 VINTAGE OAKS CIR DELRAY BEACH FL 33484	10. Name and Address of New Registered Agent 81. Name SAUL A. SLOSSBERG 82. Street Address (P.O. Box Number is Not Acceptable) 855 S. FEDERAL HIGHWAY, 83. SUITE #211 84. City BOCA RATON, FLORIDA FL 85. Zip Code 33432
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLOSSBERG, SAUL A		1.2 NAME SAUL A. SLOSSBERG	
STREET ADDRESS 5702 VINTAGE OAKS CIR		1.3 STREET ADDRESS 855 S. FEDERAL HIGHWAY, SUITE #211	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33432	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: **X**  **3/31/97** **561-447-6991**
DATE Daytime Phone #

CR2E034 (9/96)