

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000082121 (3)

1. Corporation Name

MOAYER HOMES, INC.



Principal Place of Business

Mailing Address

2174 HARRIS AVE NE
SUITE 4
PALM BAY FL 32905

2174 HARRIS AVE NE
SUITE 4
PALM BAY FL 32905

2. Principal Place of Business

2a. Mailing Address

21 700 N. WICKHAM RD.

26 700 N. WICKHAM RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 207

27 207

City & State

City & State

23 MELBOURNE, FL

28 MELBOURNE, FL

Zip

Zip

Country

Country

24 32935

29 32935

25 BREVARD

30 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOAYER, FRANK
2174 HARRIS AVE NE
SUITE 4
PALM BAY FL 32905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

700 N. WICKHAM RD.

83 SUITE 207

84 City Melbourne

FL

85 Zip Code 32935

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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Type name and title)

Signature of Registered Agent (Type name and title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME PD
1.2 STREET ADDRESS 2174 HARRIS AVE NE SUITE 4
1.3 CITY-STATE-ZIP PALM BAY FL 32905
1.4 TITLE VSTD
1.5 NAME MOAYER, THEA
1.6 STREET ADDRESS 2174 HARRIS AVE NE SUITE 4
1.7 CITY-STATE-ZIP PALM BAY FL 32905
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2.4 CITY-STATE-ZIP Melbourne, FL 32935
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2.100 CITY-STATE-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 a address.

SIGNATURE:

F. MOAYER
Frank MOAYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-757-9392

Daytime Phone #

CR2E034 (12/95)