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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

SHELBY HOMES AT BEL	93000085717 (5)	I TERVER IN THE STAR HILL BOWN AS	II 88 1H 88 441 18181 8114 4884 (1814 4881 4881
Principal Place of Business 19105 N.E. 21ST AVENUE NORTH MIAMI FL 33179	Mailing Address 19105 N.E. 21ST AVI NORTH MIAMI FL 33			
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		12/15/1993 4. FEI Number	01/24/1995
21	26		65-0454806	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	27			Fee Required
23	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z(p) Country	Zip	Country	8. This corporation has liability for i	Added to Fees
24 25 25	[29]	30	Florida Statutes	□No
9. Name and Address (of Current Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
SIMON, ERIC A				
800 CORPORATE DRIVE		82 Street Ac	dress (P.O. Box Number is Not Acceptable S.E. 3rd AVENVO	le)
SUITE 510.		83		(-
FORT LAUDERDALE FL 33334			te 100	
3000		84 City	TLAUDERDACE	FL 85 Zip Code 3337 6
 Pursuant to the provisions of Sections to or registered agent, or both, in the Stat familiar with, and accept the obligations 	607.0502 and 607.1508, Florida Statut te of Florida. Such change was authoriz	tes, the above named corp	poration submits this statement for the pur	pose of changing its registered office
familiar with, and accept the obligations	s of, Section 607.0505, Florida Statutes	3.	pard or directors. Thereby accept the appo	Dintment as registered agent. I am
CICINIAZURI				
SIGNATURE Statement of the principal trains of the	RIC A SIMON			1/17/26
Sturiescie, typical or printed manie of region		OTE Registered Agent signature requ	irod when reinstating)	1/17/96 DATE
Started to type dior printed name of eage 12. OFFICE	istered agent and title diappecable (NC	DTE Registered Agent signature requirements at 13.		DATE CERS AND DIRECTORS IN 12
12. OFFIC ITH DP SHELLEY, ROBERT	DE RIS AND DIFFE CTORS	13.	irod when reinstating)	1/17/96 DATE
12. OF FIC II'LE DP NAM- SHELLEY, ROBERT 19105 N.W. 21ST AV	DEFIS AND DIRECTORS DELETE	13. 1.1 TITLE	irod when reinstating)	DATE CERS AND DIRECTORS IN 12
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SIGNATURE:

GMATCHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 954-767-0/00