

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # P94000005969 (8)

1. Corporation Name

COZY HOMES REALTY, INC.



Principal Place of Business

13759 EAST LINDEN DRIVE
SUITE 0
SPRING HILL FL 34609

Mailing Address

13753 EAST LINDEN DRIVE
SUITE 0
SPRING HILL FL 34609-5023

Address HAS CHANGED NUMBER

2. Principal Place of Business

13759 Linden Drive
Suite, Apt. #, etc.

2a. Mailing Address

13759 Linden Drive
Suite, Apt. #, etc.

22. City & State

Spring Hill Florida
Zip Country

27. City & State

Spring Hill Florida
Zip Country

24. 34609

25. US

29. 34609

30. US

9. Name and Address of Current Registered Agent

SZAFRAN, PENNY L
13753 EAST LINDEN DRIVE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81. Name

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

13759 Linden Drive

83.

84. Spring Hill

FL

85. Zip Code
34609

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SZAFRAN, PENNY L	10070 CASEY DR	NEW PORT RICHEY FL	<input type="checkbox"/>
DVT	SZAFRAN, DANIEL A	10070 CASEY DR	NEW PORT RICHEY FL	<input type="checkbox"/>
S	WIENHOLD, RALPH	7359 TRADEWINDS LANE	SPRINGHILL FL 34608	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	Change	Addition
21. TITLE <td>22. NAME<td>23. STREET ADDRESS<td>24. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	22. NAME <td>23. STREET ADDRESS<td>24. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	23. STREET ADDRESS <td>24. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	24. CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
31. TITLE <td>32. NAME<td>33. STREET ADDRESS<td>34. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	32. NAME <td>33. STREET ADDRESS<td>34. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	33. STREET ADDRESS <td>34. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	34. CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
41. TITLE <td>42. NAME<td>43. STREET ADDRESS<td>44. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	42. NAME <td>43. STREET ADDRESS<td>44. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	43. STREET ADDRESS <td>44. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	44. CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
51. TITLE <td>52. NAME<td>53. STREET ADDRESS<td>54. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	52. NAME <td>53. STREET ADDRESS<td>54. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	53. STREET ADDRESS <td>54. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	54. CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
61. TITLE <td>62. NAME<td>63. STREET ADDRESS<td>64. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	62. NAME <td>63. STREET ADDRESS<td>64. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	63. STREET ADDRESS <td>64. CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	64. CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

Date

Daytime Phone #

CR2E034 (9/96)