SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000015385 (5)

1. Corporation Name

INTERNATIONAL HOUSING INDUSTRIES, INC.

Principal Place of Business	Mailing Address
4366 KENSINGTON RD TALLAHASSEE FL 32303	4366 KENSINGTON RD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: 94

2. Principal Place of Business
21 5001 LAKEFRONT DR
22 State: FL
23 City & State: TALLAHASSEE FL
24 Zip: 32303
25 Country: USA

2a. Mailing Address
26 5001 LAKEFRONT DR
27 State: FL
28 City & State: TALLAHASSEE
29 Zip: 32303
30 Country: USA

4. FEI Number: 59-3365678 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

HARRIGAN, RONALD J
~~4366 KENSINGTON RD~~
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5001 LAKEFRONT DR H2
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PRES & T.O	1 TITLE	[ ] Change [ ] Addition
NAME	RONALD J HARRIGAN	2 NAME	
STREET ADDRESS	5001 LAKEFRONT DR H2	3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4 CITY-ST-ZIP	
TITLE	VP & S.O	21 TITLE	[ ] Change [ ] Addition
NAME	ROSALIND M HARRIGAN	22 NAME	
STREET ADDRESS	5001 LAKE FRONT DR H2	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***225.00

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CR2E034 (3/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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, added or deleted.

SIGNATURE: Ronald J Harrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-1996 904-562-8853