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 # P94000017368 (9)

1. Corporation Name

FLAGLER SHOWCASE HOME, INC.

Principal Place of Business
4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

Mailing Address
4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-3234338 — [ ] 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. This corporation has liability for intangible tax under s. 199.052 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

TRAUSNECK, PAMELA
4996 PALM COAST PARKWAY
SUITE 6
PALM COAST FL 32137

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	D	[ ] DELETE
NAME	TRAUSNECK, PAMELA	
STREET ADDRESS	4996 PALM COAST PARKWAY, STE 6	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	[ ] DELETE
NAME	WALDHAUER, ROY	
STREET ADDRESS	4996 PALM COAST PKWY NW #7	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	[ ] DELETE
NAME	MULLEN, MICHAEL	
STREET ADDRESS	1 ENTERPRISE DRIVE	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	D	[ ] DELETE
NAME	SEVERINO, BUDD	
STREET ADDRESS	1360 NORTH NOVA ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	[ ] DELETE
NAME	REVELS, BARBARA	
STREET ADDRESS	POST OFFICE BOX 434 N/A	
CITY-ST-ZIP	FLGLER BEACH FL 32136	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field	Entry	
1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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(1)(k), Florida Statutes. I further certify that the information indicated on this 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 Pamela Trausneck, Secretary/Director — 904/445-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #