FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 18 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030340 (1)**

1. Corporation Name
BAJAN HOMES INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
80 W PALM DRIVE MARGATE FL 33063-4551	80 W PALM DRIVE MARGATE FL 33063-4551

3. Date Incorporated or Qualified: **04/18/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 16394 E. HIALEAH DR
22 Suite, Apt. #, etc.
23 City & State: LOXAHATCHEE, FL
24 Zip: 33470-3727 25 Country:

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

4. FEI Number: 65-0489807 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GILL, GEOFFREY C
80 W PALM DRIVE
MARGATE FL 33063

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GILL, GEOFFREY C	1.2 NAME	
STREET ADDRESS	80 W PALM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063-4551	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	NEIL R. G. WARD
STREET ADDRESS		2.3 STREET ADDRESS	16394 E. HIALEAH DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470-3727
TITLE		3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	HAZEL D. GILL
STREET ADDRESS		3.3 STREET ADDRESS	80 W. PALM DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MARGATE, FL. 33063-4551
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 an address.

SIGNATURE: Geoffrey C. Gill P. Geoffrey C. Gill 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

016044 CP