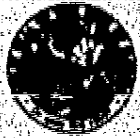


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
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.

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

Mailing Address
**80 W PALM DRIVE
MARGATE FL 33063-4551**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 16294 E. HIALEAH DR		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/18/1994	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0489807	Applied For Not Applicable
City & State 23 LOXAHATCHEE, FL		City & State 28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24 33470-3727		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Country 29		Country 30		8. This corporation has liability for intangible tax under S. 190.032, 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		85 Zip Code FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GILL, GEOFFREY C	1.1 TITLE ☐ Change ☐ Addition	
NAME		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 ☐ Change ☒ Addition	V
NAME		2.2 NAME	NEIL R. G. WARD
STREET ADDRESS		2.3 STREET ADDRESS	16294 E. HIALEAH DR
CITY - ST - ZIP		2.4 CITY - ST - ZIP	LOXAHATCHEE, FL. 33470-3727
TITLE		3.1 TITLE ☐ Change ☒ Addition	S
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 #