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

DOCUMENT # P9400030340 (1)

BAJAN HOMES INC.

16394 E HIL	lace of Business LEAH DR IEE FL 33470-3727	Mailing Address 80 W PALM DRIVE MARGATE FL 33083-4551	80 W PALM DRIVE						
US						3. Date Incorporated or Qualified 04/18/1994		te of Last Rep)1/1996	ort
	al Place of Business	2a. Mailing Address				4. FEI Number		h	ed For
21 Suite, A 22	pl #, etc.	26 Suite, Apt. #, etc.			-+	65-0489807 5. Certificate of Status Desired		\$8.75 Add	
City & S	State	City & State				Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Ζιρ 24	Country 25		Countr 30	ry			Yes [] No	99.032,
	Name and Address of Cur	rent Registered Agent	81		Name	10. Name and Address of New Re	gistered .	Agent	
GILL, GEOFFREY C 80 W PALM DRIVE MARGATE FL 33083			62 83	2		iss (P.O. Box Number is Not Acceptab	ile)		
			84	4	City		FL	85 Zip Co	de
office (agent	or registered agent, or both, in the St I am familiar with, and accept the ob	ate of Florida Such change was at	uthorized t	by t	named corpo he corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of	changing its rointment as re	egistered gistered
SIGNATUR	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	: Registered A	peni	signature require	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
TITLE	D	DELETE	1.1 TITLE					Change [Addition
NAME	5,55,755,75		1.2 NAME	E					
STREET ADDRES	STREET ADDRESS 80 W PALM DRIVE			1.3 STREET ADDRESS					
City+ST-7iP	MARGATE FL 33063-4551		1.4 CITY-	st.	· ZIP				
TITLE	ν	DELETE	2.1 THILE		_			Change	Addition
NAUG	WARD NEW R.G.	• •	22 NAME	F					

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

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5.3 STREET ADDRESS 5.4 CITY-ST-2IP

6.3 STREET ADDRESS

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

14. If do hereby certify that the information supplied with this filing does not quality 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 changes or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - \$1 - 7i2

STREET ADDRESS

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CITY - ST - ZIP

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16394 E. HIALEAH DR

LOXAHATCHEE FL

GILL, HAZEL D

80 W PALM DR

MARGATE FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Daytime Phone #

Change

Change

Change

Change

Addition

Addition

Addition

Addition

FILED

May 19 1997 8:00am

Secretary of State