

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000034838 (0)

1. Corporation Name

DISTINCTIVE HOMES REALTY INC.



Principal Place of Business

Mailing Address

13857 WELLINGTON TRACE

13857 WELLINGTON TRACE

STE D-1

STE D-1

W PALM BEACH FL 33414

W PALM BEACH FL 33414

2. Principal Place of Business

21 12765 W. FOREST HILL BLVD

Suite, Apt. #, etc.

22 #1302

City & State

23 WELLINGTON, FL

Zip

24 33414-4724

Country

2a. Mailing Address

25 12765 W. FOREST HILL BLVD

Suite, Apt. #, etc.

27 #1302

City & State

28 WELLINGTON, FL

Zip

29 33414-4724

Country

30

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0489067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

PARKES, T. KEVIN

13857 WELLINGTON TRACE

STE D-1

W PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12765 W. FOREST HILL BLVD

83 #1302

84 City

WELLINGTON

FL

85 Zip Code

33414-4724

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

T. Parkes

Signature, typed or printed name of registered agent and the applicant

(NOTE - Registered Agent signature required when reinstating)

DATE

2/2/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD NELSON, MICHAEL H

STREET ADDRESS 12678 HEADWATER CIR

CITY-STATE-ZIP W PALM BEACH FL

TITLE ☐ DELETE

NAME STD PARKES, T. KEVIN

STREET ADDRESS 14049 PORT CIR

CITY-STATE-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

C/O DISTINCTIVE HOMES REALTY

12765 W. FOREST HILL BLVD #1302

WELLINGTON, FL 33414-4724

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

T. Parkes TRENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (407) 793-7266

Date

Daytime Phone #

CR2E034 (12/95)