

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # P94000034838 (0)

1. Corporation Name: **DISTINCTIVE HOMES REALTY INC.**



Principal Place of Business:

12765 W. FOREST HILL BLVD
 SUITE 1302
 WELLINGTON FL 33414
 US

Mailing Address:

13857 WELLINGTON TRACE
 12765 W. FOREST HILL BLVD.
 WELLINGTON FL 33414
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

65-0489067

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 owes or has paid the current year Intangible
 Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business:

21 | State, Apt. #, etc.

22 | City & State

23 | Zip

25 | Country

2a. Mailing Address:

26 | State, Apt. #, etc.

27 | City & State

28 | Zip

30 | Country

9. Name and Address of Current Registered Agent

PARKES, T. KEVIN
 12765 W. FOREST HILL BLVD #1302
 STE D-1
 WELLINGTON FL 33414

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 607.0502, Florida Statutes.

SIGNATURE

(Signature of the person who is the registered agent)

(Signature of registered Agent if signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

| | | | |
|----|----------------------------------|--------------------------|---------|
| 11 | PD | <input type="checkbox"/> | DELETED |
| 12 | NELSON, MICHAEL H. | <input type="checkbox"/> | DELETED |
| 13 | 12765 W. FOREST HILL BLVD. #1302 | <input type="checkbox"/> | DELETED |
| 14 | WELLINGTON FL | <input type="checkbox"/> | DELETED |
| 15 | STD | <input type="checkbox"/> | DELETED |
| 16 | PARKES, T. KEVIN | <input type="checkbox"/> | DELETED |
| 17 | 14049 PORT CIR | <input type="checkbox"/> | DELETED |
| 18 | PALM BEACH GARDENS FL | <input type="checkbox"/> | DELETED |
| 19 | | <input type="checkbox"/> | DELETED |
| 20 | | <input type="checkbox"/> | DELETED |
| 21 | | <input type="checkbox"/> | DELETED |
| 22 | | <input type="checkbox"/> | DELETED |
| 23 | | <input type="checkbox"/> | DELETED |
| 24 | | <input type="checkbox"/> | DELETED |
| 25 | | <input type="checkbox"/> | DELETED |
| 26 | | <input type="checkbox"/> | DELETED |
| 27 | | <input type="checkbox"/> | DELETED |
| 28 | | <input type="checkbox"/> | DELETED |
| 29 | | <input type="checkbox"/> | DELETED |
| 30 | | <input type="checkbox"/> | DELETED |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | |
|----|----------------|--------------------------|--------|--------------------------|----------|
| 11 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 12 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 13 | STREET ADDRESS | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 14 | CITY/STATE/ZIP | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 15 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 16 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 17 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 18 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 19 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 20 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 21 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 22 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 23 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 24 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 25 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 26 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 27 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 28 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 29 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |
| 30 | NAME | <input type="checkbox"/> | Change | <input type="checkbox"/> | Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicates that 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, and in all the blocks with an address.

SIGNATURE: *[Handwritten Signature]*

9/30/98 561707-7216

092007 (5/98)