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**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000038707 (3)

1. Corporation Name
DISTINGUISHED HOMES, INC.



Principal Place of Business
**1720 SHORESIDE CIRCLE
WELLINGTON FL 33414**

Mailing Address
**1720 SHORESIDE CIRCLE
WELLINGTON FL 33414-8067**

3. Date Incorporated or Qualified **05/23/1994** 3a. Date of Last Report **02/02/1996**

2. Principal Place of Business

2a. Mailing Address

21 **11924 W. Forest Hill Blvd.**

26 **11924 W. Forest Hill Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **22248**

27 **22248**

City & State

City & State

23 **Wellington FL**

28 **Wellington, FL**

Zip

Country

Zip

Country

24 **33414**

25 **USA**

29 **33414**

30 **USA**

4. FEI Number

65-0550889

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

10. Name and Address of New Registered Agent

**JOHNSON, JENNY E
1720 SHORESIDE CIRCLE
WELLINGTON FL 33414**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11924 W. Forest Hill Blvd.

83 **Suite 22248**

84 City

Wellington

FL

85 Zip Code
33414

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 *Jenny E Johnson*
Signature (typed or printed name of registered agent, and title if applicable)

Jenny E. Johnson
(NOTE: Registered Agent signature required when reinstating)

2/11/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **JOHNSON, JENNY E**
STREET ADDRESS **1720 SHORESIDE CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **11924 W. Forest Hill Blvd, Suite 22248**
1.4 CITY-ST-ZIP **Wellington, FL 33414**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: *Jenny E Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jenny E. Johnson 2/11/97 561/379-7026
Date Daytime Phone #

CR2E034 (9/96)