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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

Jenny E. Johnson

2/11/97

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 2/11/97 561/379-7026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)