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 # P94000050331 (5)

	FON HOMES, INC.	Mailing Address	** ** ** · · · · · · · · · · · · · · ·	ma santiti takasa sa sa			
251-A ROYAL PALM WAY		251-A ROYAL PALM WAY	•				
SUITE 200 PALM BEACH FL 33480		SUITE 200 Palm Beach Fl 33480					
FAUM DENVIL	2 33400	THEM DENOTITE SOURCE			3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 03/22/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied F	For
21 26					65-0505167	Not Appl	
Suite, Apt. #, etc. Suite, Apt. #, et 27					5. Certificate of Status Desired	\$8.75 Addition	
City & Stat	0	City & State			6. Election Campaign Financing		
3		28			Trust Fund Contribution	\$5.00 May E	
Zip	Country	Zip)	Country	/	8. This corporation has liability for	or intangible tax under s. 199.0	
4	25 25 Com	29	30		Florida Statutes 10. Name and Address of New F	Yes No	
DUA	9. Name and Address of Cur	rent Hegistered Agent	81	Namo	10. Name and Address of New F	registerea Agent	
	DES, PAUL A ROYAL PALM WAY						
SUITE 300			82	Street /	Address (P.O. Box Number is Not Accept	able)	
PALM BEACH FL 33480			83			4V	
.,			84	City		85 Ζίρ Code	
]		FLI	
SIGNATURE	Signature, typed or printed name of registered	Agest and title if applicable (NC	iTF: Registered Age		corporation submits this statement for the paration's board of directors. I hereby acc	DATE	
12. TITLE	OFFICERS A	AND DIRECTORS	13. 1.1 1/iLF		President		1∠ Addition
NAME	RHODES, PAUL		1.2 NAME	ĺ	enoics Paul	Est change Est, A	KOOTTO
STREET ADDRESS				ADDRESS	2 nodes, Paul 251A Róyas Palmuray Surte 300 Palm Brach FL 33480		
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY - S	67- 2 1P	Palm Beach FL 3	3480	
TITLE		DELETE	2 1 TITLE			☐ Change ☐ A	Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET	ļ			
CITY-ST-ZIP FITLE	<u> </u>	DELETE	2. 4 CITY - : 3 1 1/1 LE	S1-ZIP		Change A	Addition
NAME		FT MICH	3.2 NAME			[□] ousuite [□] y	WO STON
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	· 1			
TITLE		DELETE				Change A	Addition
VAME			4. 2 NAME	ľ			
STREET ADDRESS			4.3 STREET	ADDRESS.			
CITY-ST-ZIP		T same	4.4 CITY - 5	1-7IP			s daler
TITLE		☐ DELETE	5.1 TITLE	}		Change A	Addition
NAME PERCET ADDRESS			5.2 NAME	ADDDCOA			
STREET ADDRESS CITY+ST-ZIP			5.3 STREET 5.4 CITY - S				
TITLE		DETEN	6.1 TITLE	0.41		Change A	Addition

64 CITY-S1-ZIP

14. If 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 logal effect as if made under early; 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 chapged, or on an attachment with an address.

6.3 STREET ADDRESS

62 NAME

SIGNATURE.

NAME

STREET ADDRESS

ENTITLE HIDAVINENODE

3127197 561659-507

FILED

Apr 02 1997 8:00am

Secretary of State