SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED AND FILED
1996 AUG -5 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000061723 (0)

1. Corporation Name

EUROFLORIDA FINANCIAL, INC.

Principal Place of Business: 160 Heathwood Drive, Marco Island, Fl 33937

Mailing Address: P.O. Box 1331, Naples, Fl 34106

3. Date Incorporated or Qualified: 8/22/1994

3a. Date of Last Report: 8/2/95

4. FEI Number: 65-0514226

5. Certificate of Status Desired: X — **$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. ... Florida Statutes [ ] Yes [X] No

2. Principal Place of Business | 2a. Mailing Address

21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

10. Name and Address of New Registered Agent

81 Name: D. Richard Dodd
82 Street Address (P.O. Box Number is Not Acceptable): 2463 River Reach Drive
83
84 City: Naples, FL 85 Zip Code: 34104

11. SIGNATURE: [signature] D. Richard Dodd 8/2/96

12.

Title	D
Name	Dodd, Richard D
Street Address	P.O. Box 1338 N/A
City-St-Zip	Marco Island, Fl 33969

13.

2463 River Reach Drive
Naples, Florida 34104

600001915716
-08/08/96--01004--004
****225.00 ****225.00

600001915716
-08/08/96--01004--005
******8.75 ******8.75

CR2E034 (3/96)

TSP 8/6/96

14.

SIGNATURE: [signature] Pres & Director 8/2/96 941-732-7704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

96 AUG -7 PM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005682 (7)**

1. Corporation Name

MEDALLION HOMES, INC.

Principal Place of Business	Mailing Address
1609 BALIHAI CT GULF BREEZE FL 32561 US	1609 BALIHAI CT GULF BREEZE FL 32561 US

3. Date Incorporated or Qualified: **01/24/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3220259** ☐ 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

FRANZ, JON A
1609 BALIHAI CT
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____
Signature, Type or Print Corporation Name of Reg. Agent and Title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FRANZ, JON A		12 NAME	
STREET ADDRESS	1609 BALIHAI CT		13 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL		14 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FRANZ, SANDRA L		22 NAME	
STREET ADDRESS	1609 BALIHAI CT		23 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

R. Allen 8-7-96

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jon A. Franz 7/12/96 (904) 932-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JON A. FRANZ