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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000068980 (9)

A.P.C. HOMES, INC.

Principal Place of Business Mailing Address P.O. BOX 31281 1905 SERVICE RD JUNO BEACH FL 33408 PALM BEACH GARDENS FL 33420-1261 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1994 08/08/1996 **FEL Number** 2a. Mailing Address 2. Principal Place of Business Applied For 65-0590443 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zψ Country Ζip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 DAVIS, KENNETH 812 OCEAN DUNES CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 JUPITER FL 33477 **B3** 84 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type-dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE DAVIS, KENNETH 12 NAME NAME 1905 SORVICE Rd. Deno Beach, Fl. 33408 812 OCEAN DUNES CIRCLE 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 1.4 CITY - ST - ZIP DITY-ST ZIP DELETE ☐ Change Addition 21 TITLE THLE NAMI 2.2 NAME 1, 30 2 3 STREET ADDRESS STREET ADORESS 2 4 DITY-ST-ZIP City-St ZiP ☐ DELETE 31 THLE ☐ Change Addition MLE 32 NAME NAME **33 STREET ADDRESS** STREET ADORESS 3.4. City - St - ZiP CITY-ST 20P DELETE Change Addition 4.1 TITLE Title NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-74P DELETE ☐ Change Addition 5.1 TITLE Title F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE 100 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY - \$1 - 21F

14. I do hereby certify that the information supplied with this liling 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. Keningh DAMS pres, 1/28/97 SIGNATURE AND

6.4 CITY-ST-ZIP

FILED

May 30 1997 8:00am

Secretary of State