## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000080043 (0) **DOCUMENT #** 

R. FINI	EST HOMES, INC.										
Principal Place of Business Mailing Address								10011001   150 10111   01011   04111   001	IT WOLFT BOIDT	(DIL) BUSIL U	BIKA BIDDO DIII 1901
2331 NE 31ST CT. LIGHTHOUSE POINT FL 33064			2331 NE 31ST CT. LIGHTHOUSE POINT FL 33064								
								3. Date Incorporated or Qualified 10/28/1994	1	of Last F <b>05/01/1</b>	
2, Principal Pac	e of Business	2a. 26	Mailing Address					4. FEI Number 65-0524758			Applied For Not Applicable
21  Suite, Apt. #,	etc		Suite, Apt. #, etc.					Certificate of Status Desired		\$8.7	5 Additional Required
City & State		27	City & State					6. Election Campaign Financing			May Be
23		28						Trust Fund Contribution		Adde	ed to Fees
Zip	Country		Zip Country					B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes □ No			
24	25 9. Name and Address of Curre	29 ont Begis	lered Agent	30	T`		1	10. Name and Address of New R		Agent	
	g. Hante dilo Address of Carl			··	81	Name			<u>=</u>		
FINSTON, ROBERT S				82 Street Add			Addres	fress (P.O. Box Number is Not Acceptable)			
	E 31ST CT.				83						
LIGHT	OUSE POINT FL 33064				84	City				<b>85</b> Z	ip Code
				.,	1			on submits this statement for the pur	FL	-	
familiar with SIGNATURF	d agent, or point, in the State of the it, and accept the obligations of, Se	ction 607.	0505, Florida Statutes	S				of directors. I hereby accept the app	DATE		
12.	OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO OFF			
1 11 f	D		DELETE	1.13						Change	Addition
NAME	FINSTON, ROBERT S			12 N		4000556					
SPEED ADORESS	2331 NE 31ST CT. LIGHTHOUSE POINT FL 3	2024				ADDRESS IT-ZIP					İ
CITY ST ZIE	LIGHTHOUSE POINT TE S	3004	DELETE	2 1		11-217				☐ Change	☐ Addition
NAME			<del></del>	22 h	IAMÉ						
SEREFT ADDRESS				235	TREET	ADDRESS					
CHY ST-7P			,	240	ну-5	ST-ZIP					
TOLE			DEFERE		TITLE	1				☐ Change	☐ Addition
: NAME					IAME						
STREET ADDRESS						T ADDRESS					
COLY-ST-ZIP TiT.E			DELETE		ALLY-S Title	ST-ZIP				Change	Addition
NAME				421						_ ,	
STREET ADDRESS						ADDRESS					
OHY SI-ZIP						ST - ZIP					
79LF			DELETE	5 1	T:TLE		ļ			Change	Addition
NAME:				521	IAME						
STREET ADDRESS				535	STREE	r address					:
CHY-\$1 Zig			<u></u>			ST - ZiP	ļ				
IITLE			DELFTE		TITLE					☐ Change	Addition
NAM8				621	NAME						
STREET ADDRESS				635	STREE	T ADDRESS					
CITY ST-ZIP			,	640	OUTY-!	ST ZIP	L				

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)(k), 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 cath, that I am an officer or director of this 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.

MING OFFICER OR DIRECTOR