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Jan 14 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 # P94000084512 (0)

1. Corporation Name
FLORIDA QUALITY HOMES, INC.



Principal Place of Business
388 CYPRESS LANDING DRIVE
LONGWOOD FL 32779-2803

Mailing Address
388 CYPRESS LANDING DRIVE
LONGWOOD FL 32779-2803

3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 59-3282639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 130 South Main Street Suite, Apt. #, etc. 22 City & State 23 Winter Garden, Florida Zip Country 24 34787-3556 USA	2a. Mailing Address 26 130 South Main Street Suite, Apt. #, etc. 27 City & State 28 Winter Garden, Florida Zip Country 29 34787-3556 USA 30 USA
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9. Name and Address of Current Registered Agent PIGOZZI, WILLIAM D 388 CYPRESS LANDING DRIVE LONGWOOD FL 32779-2803	10. Name and Address of New Registered Agent 81 Name Pigozzi, William D. 82 Street Address (P.O. Box Number is Not Acceptable) 130 South Main Street 83 84 City Winter Garden FL 85 Zip Code 34787-3556
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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: *William D. Pigozzi, President* 1/6/96
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIGOZZI, WILLIAM D	1.2 NAME	
STREET ADDRESS	388 CYPRESS LANDING DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32779-2803	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDLER, GEORGE F	2.2 NAME	
STREET ADDRESS	2013 LAKE CRESSCENT COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL 34788	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 of changes on an attachment with an address.

SIGNATURE: *William D. Pigozzi, President* 1/6/96 407-871-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)