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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089233 (8)

1. Corporation Name

FLORIDA SUNCOAST HOMES, INC.

Principal Place of Business

30 CAMELIA COURT
OLDSMAR FL 34677

Mailing Address

P.O. BOX 2017
PALM HARBOR FL 34682

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

DHALIWALL, JOGINDER S
55 KELLY'S TRAIL 30 CAMELIA CT
OLDSMAR FL 34677

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Dhalwall President

(Signature, typed or printed name of registered agent and title in parentheses)

(NOTE: Registered Agent signature is required on this filing)

3/2/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	DHALIWALL, JOGINDER S	
STREET ADDRESS	30 CAMELIA COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VP	DELETE
NAME	DHALIWALL, JEAN C	
STREET ADDRESS	30 CAMELIA COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	DELETE
NAME	DHALIWALL, HARPAUL	
STREET ADDRESS	30 CAMELIA COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	DELETE
NAME	DHALIWALL, AVTAR S	
STREET ADDRESS	325 PALM DALE DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	DELETE
NAME	ADSETT, NARINDAR D	
STREET ADDRESS	850 CHRISTINA CIR.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(c), 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.

SIGNATURE:

J. Dhalwall President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

DATE

813-786-1940

Telephone: Please

CR2E034 (12/95)