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Mar 25 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 # P94000093283 (7)

1. Corporation Name
HOME CONSTRUCTION INVESTMENT CORPORATION



Principal Place of Business
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON FL 33431

Mailing Address
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON FL 33431-7369

3. Date Incorporated or Qualified
12/21/1994

3a. Date of Last Report
04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0554503	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature type: (1) Unprinted name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DUPREY, LAWRENCE A 29 ST. VINCENT ST PORT OF SPAIN TR CITY-ST-ZIP	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VP FIFI, MICHAEL A #1 BERGERAC HEIGHTS MARAVAL TR CITY-ST-ZIP	12 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	S DUPREY, LAWRENCE A 29 ST VINCENT ST PORT OF SPAIN TR CITY-ST-ZIP	13 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	AS FIFI, MICHAEL A #1 BERGERAC HEIGHTS MARAVAL TR CITY-ST-ZIP	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	T FIFI, MICHAEL A #1 BERGERAC HEIGHTS MARAVAL TR CITY-ST-ZIP	22 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		23 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		32 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		33 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		42 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		43 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		52 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		53 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		62 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		63 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		64 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0311496

CR2E034 (9/96)