

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000008077 (6)**  
 1. Corporation Name  
**VALUE HOME CONSTRUCTION, INC.**



Principal Place of Business <b>5449 S. SEMORAN BLVD.                  STE 20                  ORLANDO FL 32822</b>	Mailing Address <b>5449 S. SEMORAN BLVD.                  STE 20                  ORLANDO FL 32822</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/25/1995**

2. Principal Place of Business 21 <b>2816 E. ROBINSON ST.</b> (Suite, Apt. #, etc.) 22 <b>SUITE 200</b> City & State 23 <b>ORLANDO FL</b> Zip Country 24 <b>32803</b> 25 <b>ORANGE</b>	2a. Mailing Address 26 <b>2816 E. ROBINSON ST.</b> Suite, Apt. #, etc. 27 <b>SUITE 200</b> City & State 28 <b>ORLANDO FL</b> Zip Country 29 <b>32803</b> 30 <b>ORANGE</b>
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4. FEI Number <b>59-3301482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PRATT, JAMES R ESO  
 369 N. NEW YORK AVE.  
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, KEVIN</b>	
STREET ADDRESS	<b>840 MANOR DRIVE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLLO, TIBOR</b>	
STREET ADDRESS	<b>444 BRICKELL AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 in any attachment with an address.

SIGNATURE \_\_\_\_\_ **6.28.98** **1107893-3707**

CR2E034 (10/97)