FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

Amended

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 DEC 30 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000013499

1. Corporation Name: Creative Homes of Southwest Fl.

Principal Place of Business: 1805 C.R. 951 Suite F. NAPLES, FL. 34116

Mailing Address:

3. Date Incorporated or Qualified: 2-16-95

3a. Date of Last Report:

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 650554763 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Lawrence Hoss
15360 Shamrock Dr.
Ft. Myers, FL. 33912

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City — FL — B5 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: (Signature of a corporate officer or director of the corporation or the registered agent listed above) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	VICE-PRESIDENT	☑ DELETE
NAME	LYNN Reber	
STREET ADDRESS	2624 SW 42 LANE	
CITY-ST-ZIP	CAPE CORAL FL. 33914	
TITLE	President	☐ DELETE
NAME	Lawrence E. Hoss	
STREET ADDRESS	15360 Shamrock Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President	☐ DELETE
NAME	Steven J. Magner	
STREET ADDRESS	1845 Columbia Rd.	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT - SALES	☐ Change ☑ Addition
1.2 NAME	MARIO VALLE	
1.3 STREET ADDRESS	15360 SHAMROCK DR.	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33912	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	200002045432--6	
2.4 CITY-ST-ZIP	-01/03/97--01139--009	
3.1 TITLE	*****61.25	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	12/31/96	☐ 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)(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 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: Steven J. Magner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J MAGNER

12/3/96 — DATE

941 455-7754 — Daytime Phone #

CR2E034 (12/95)