FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000022695 (7)

1. Corporation Name

PALMETTO HOMES, INC.

Principal Place of Business | Mailing Address

	Principal Place of Business		Mailing Address
2. / 2a.	21 493 N.W. 27th Avenue	26	493 N.W. 27th Avenue
Suite, Apt. #, etc.	22	27	
City & State	23 Miami, Florida	28	Miami, Florida
Zip / Country	24 33125 / 25 U.S.A.	29 / 30	33125 / U.S.A.

3. Date Incorporated or Qualified: 03/21/95
3a. Date of Last Report:
4. FEI Number: 65-0582788
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 [X] No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 Almeria Avenue
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

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 Section 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

12. OFFICERS AND DIRECTORS

TITLE PSTD NAME STREET ADDRESS CITY ST ZIP	Judy Yoviene 1521 Island Way Weston, Florida 33326	[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP		[ ] Change [ ] Add
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP		[ ] Change [ ] Add
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP		[ ] Change [ ] Add
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	100001751571 -03/20/96- -01102--012 **200.00	[ ] Change [ ] Add
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP		[ ] Change [ ] Add
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP		[ ] Change [ ] Add

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)(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: Judy Yoviene Judy Yoviene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 305-644-2240
Date / Daytime Telephone Number

CR2E034 (12/95)