

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000022695  
1. Corporation Name

PALmetto HOMES, INC.

Principal Place of Business Mailing Address

1521 Island Way  
Weston, Fl. 33326

3. Date Incorporated or Qualified 3/21/95 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21. Same 26. Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

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 No

9. Name and Address of Current Registered Agent

Amerilawyer  
343 Almeria Ave  
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

81. Name Judy Yoviene  
82. Street Address (P.O. Box Number is Not Acceptable) 1521 Island Way  
83. City Weston, Fl. 33326  
84. Zip Code 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 Judy Yoviene DATE 4/28/97

12. OFFICERS AND DIRECTORS

1.1 TITLE PSTD 1.2 NAME Judy Yoviene 1.3 STREET ADDRESS 1521 Island Way 1.4 CITY-ST-ZIP Weston, Fl. 33326

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

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: Judy Yoviene Judy Yoviene 4/28/97 305-948-2344

CR2E034 (9/96)