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Mailing Address

1648 SOUTHEAST PORT ST. LUCIE BLVD.

PROFIT CORPORATION ANNUAL REPORT

1997

1648 SOUTHEAST PORT ST. LUCIE BLVD.

appears in Block 12 or Block 13 if ch

SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027282 (9)

FLORIDA HOME FINDERS REALTY, INC.

PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1995 10/01/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0570314 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Country Zip Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DENNIS BASILE & JAMES S. THERIAC II, RECEI 1648 SE PORT ST LUCIE BLVD Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34952 83 84 City Zip Code 85 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, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. REC Addition Change □ DELETE 1.1 TITLE BASILE, DENNIS NAME 12 NAME 1648 SE PORT ST LUCIE BLVD 1.3 STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34952 CITY-ST-ZIP 1.4 CITY - ST - 2IP TITLE REC DELETE 21 TITLE Channe ☐ Addition THERIAC, JAMES S III NAME 2.2 NAME 1648 SOUTHEAST PORT ST. LUCIE BLVD. 2.3 STREET ADDRESS STREET ADORESS PORT ST. LUCIE FL 34952 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 20F 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 is supplemental annual peport 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 place empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name