SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000028063 (2)

CAPE HAZE HOMES, INC.

Principal Place of Business 15210 AMBERLY DRIVE. SUITE 1211 TAMPA FL 33647		Ma ling Address 15210 AMBERLY DRIVE. SUITE 1211 TAMPA FL 33647		ı seksisen iye inini bilili belili belili belili bilili delili delili delili delili bilili ildi	
				3. Date incorporated or Qualified 04/10/1995	3a. Date of Last Report
2. Principal Piace of Business 21 5642 8*4 5 **		2a. Mailing Address		4. FEI Number	Applied For
21 564 Suite, Apt	<u> </u>	26 20. 80 Suite, Apt. #, etc	1 061		Not Applicable
22		27		5. Cortilicate of Status Desired	\$8.75 Additional Fee Required
Crty & State 23 LEH	HAH FL	City & State 28 LEHIGH		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 339			Country 30 LEE	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes
 	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
so	MRAK, JAMES A		81 Name		
152	210 AMBERLY DRIVE, SUITE 121	11	82 Street Address (P.O. Box Number is Not Acceptable)		
TAI	MPA FL 33647		83		
*					
	\sim \wedge \wedge	1	84 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections (107,050	2 and 60 1508, Florida Statute	s, the above-named corp	poration submits this statement for the pu	urnose of changing its registered
agent. La	egistered agent, or both, in the State im familiar with, and accept the colliga	of Florida, Such change was all atjons of Section 607,0505, Flor	ithorized by the corporati ida Statutes.	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	HILLOIL O NO	WIN.			6/25
12.	####		Registered Agent signature requi		DATE
TITLE	D OFFICERS AN	D DIRECTORS DELETE	13. 11⊞€	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	SOMRAK, JAMES A		3 2 NAME		Change Zaddion
STREET ADDRESS	15210 AMBERLY DRIVE, SUIT	TF 1211	1 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647	· E	1 4 CHTY - ST - ZIP		
TOLE	D	DELETE	2 1 TIYLE		Change Addition
NAMÉ	MARTINS, BERNARD S		2 2 NAME		
STREET ADDRESS	7703 WEST CRENSHAW STR	REET	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		2 4 CiTY - ST ZIP		
TITLE	D	DELETE	3 1 TITLE		Change Addition
NAME	ZIELENBACH, JOHN T	· · · · ·	3.2 NAME		
STREET ADDRESS	15210 AMBERLY DRIVE, SUIT	IE 1211	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33647	DELETE	3.4 CITY - ST - ZIP		Change Ndia
NAME		preced	4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADORESS		
CITY - ST - Z-P			4.4 CITY -ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME		ne a a me	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY ST-ZIP			5.4 CITY - \$1 - ZIF		
TITLE		DELETE	6 1 TH; E	40000186	
NAME			6 2 NAME	-07/05/960102	20001

SIGNATURE:

14. I do hereby certify that the information further certify that the information made under cath, it of can an off

that my name appears

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

at report or si corporation o

chment with an address

idicated on ser or direct

***450.00

filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statue at report or shaplemental annual report is true and accurate and that my signature shall have the same regal effective corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes of the receiver of the production of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes of the receiver of the production of the receiver of the production of the receiver of the receiv

6/25/96 (813) 972-1974