FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # P9500	0032049 (5)			
SIGNATURE HOME'S OF DADE, INC.				 		
Principal Place of Business Mailing Address					!	
7770 S.W. 185TH STREET MIAMI FL 33157		7770 SW. 185TH STREET MIAMI EL 33157				
				3. Date incorporated or Qualified 04/19/1995	3a. Date of Last Report	
2. Principal P	2. Principal Place of Business 2a. Mailing Address			4. FÉI Number	Applied For	
Suite, Apt.	# ptr	26 2826 (A) Suite, Apt. #, etc.	NIVERSITY D	R 65-058072		
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State SP	RINGS FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	^{Zip} 33065	Country USA	This corporation has liability for Florida Statutes Yes		
	9. Name and Address of Current			10. Name and Address of New R		
			81 Name		- B AA V.Bailt	
GILLESPIE, BOWEN R III			82 Street A	ddress (P.O. Box Number is Not Acceptab	123	
1515 SOUTH FEDERAL HIGHWAY			02 Sileer A	ouress (i.e. box rumber is not acceptab	ne)	
SUITE 3			83			
BOCA F	RATON FL 3342		84 City		85 Zip Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the pur card of directors. I hereby accept the appo	pase of changing its registered office	
or register familiar wi	red agent, or both, in the State of Florida th, and accept the obligations of, Sectio	a. Such change was authori, on 607.0505, Florida Statute	zed by the corporation's b s.	card of directors. I hereby accept the appo	pintment as registered agent. I am	
SIGNATURE .	Signature, typed or printed name of registered agent a		OTE: Registered Agent signature req			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1. 1 TITLE	Dβ	CERS AND DIRECTORS IN 12	
NAME	WALLERSTEIN, STEVEN M		1.2 NAME			
STREET ADDRESS	7770 SAV. 185TH STREET	X.	1.3 STREET ADDRESS	ERIC SCHRADER 2826 UNIVERSITY CORAL SPRINGS	DR 33065	
CHTY-ST-ZIP	MIAM/ FL 33157		1.4 CITY-ST-ZIP	CORAL SPRING	FL 33/165	
TITLE	D	DELETE	2. 1 TITLE	VP	Change Addition	
NAME	LANDON, BARRELL	,	2 2 NAME	VP LYNN W. BAR 2826 UNIVERS CORAL SPR	eves .	
STREET ADDRESS	7770 SXV. 185TH STREET X		2.3 STREET ADDRESS	2826 UNIVERS	iry DR	
CITY-ST-ZIP TILLE	MIANT FL 33157	F3.00, 576	2 4 CITY - S1 - ZIP	CORAL SPR	INGS FL. 33065	
NAME	' '	☐ DELETE	3 1 TITLE		Change Addition	
STREE! ADDRESS			3 2 NAME			
C'TY-ST-ZIP			3.3. STREET ADDRESS			
TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE			
NAME			4.2 NAME		Change Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CHY-ST-ZIP		1	
TITLE		DELETE	5. 1 TITLE		Change (1) Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6. 1 TITLE		Change Addition	
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CHTY-ST-ZHP			5.4 CITY-ST-ZIP			

1 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 inclicated 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 with changed, or on an attachment with an address.

4/16/96 365 755-1775 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4/16/96 305 755-1775