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 # P95000032518 (9)

1. Corporation Name
SEMINOLE HOMES OF NORTH FLORIDA, INC.

Principal Place of Business
2051 ART MUSEUM DR., SUITE 130
JACKSONVILLE FL 32207

Mailing Address
2051 ART MUSEUM DR., SUITE 130
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 04/17/1995
3a. Date of Last Report: N/A

4. FEI Number: 59-3315465 ☐ 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

2. Principal Place of Business
21 1914 ART MUSEUM DR
Suite, Apt. #, etc.
22 SUITE "A"
City & State
23 JACKSONVILLE FL.
Zip 24 32207 Country 25 U.S.A.

2a. Mailing Address
26 1914 ART MUSEUM DR
Suite, Apt. #, etc.
27 SUITE "A"
City & State
28 JACKSONVILLE FL.
Zip 29 32207 Country 30 U.S.A.

9. Name and Address of Current Registered Agent
TOWERS, LAWRENCE R
2051 ART MUSEUM DR., SUITE 130
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name NEIL J. BEINART
82 Street Address (P.O. Box Number is Not Acceptable) 1914 ART MUSEUM DRIVE
83 SUITE "A"
84 City JACKSONVILLE FL 85 Zip Code 32207

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 NEIL J. BEINART PRESIDENT 4/26/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	TOWERS, LAWRENCE R	
STREET ADDRESS	2051 ART MUSEUM DR., SUITE 130	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	NEIL J. BEINART	
1.3 STREET ADDRESS	1914 ART MUSEUM DR. SUITE "A"	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
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		

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)(k), 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: NEIL J. BEINART 4/26/96 904 3992500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)