

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033543 (6)
1. Corporation Name

DELCOR HOMES, INC.



Principal Place of Business Mailing Address
6830 BOTTLEBRUSH LANE NAPLES FL 33999 6830 BOTTLEBRUSH LANE NAPLES FL 33999

3. Date Incorporated or Qualified 04/25/1995 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 650577510 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 10. Name and Address of New Registered Agent
CORDELL, JUSTIN 6830 BOTTLEBRUSH LANE NAPLES FL 33999
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 Type (Type printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	
NAME	JUSTIN CORDELL	12 NAME	
STREET ADDRESS	6830 BOTTLEBRUSH LANE	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FLA, 33999	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	
NAME	ALLEN CORDELL	22 NAME	
STREET ADDRESS	6830 BOTTLEBRUSH LANE	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FLA, 33999	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	100001913591
STREET ADDRESS		53 STREET ADDRESS	-08/06/96--01074--013
CITY-ST-ZIP		54 CITY-ST-ZIP	***225.00
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(b), 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: *Allen Cordell* *Allen L Cordell* 7/1/96 (941) 566 2239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Print #

CR2E034 (3/96)