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PROFIT CORPORATION **ANNUAL REPORT**

1997

NULLIF

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000076800 (8)

ALL AMERICAN HOUSING, INC.

Principal Place of Business Mailing Address 209 GORNTO LAKE ROAD 09 GORNTO LAKE ROAD BRANDON FL 33510 BRANDON FL 33510-3913 3. Date incorporated or Qualified 3a. Date of Last Report 03/12/1996 10/06/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3346207 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for inlangible tax under s. 199.032, Yes No 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZEPKA, DOUGLAS 209 GORNTO LAKE ROAD R2 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33510** 83 84 City 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, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) TITLE DELETE 1.1 TITLE Change Addition arrigo, ronald v 1.2 NAME NAME STREET ADDRESS 3930 SEIXAS PLACE 1.3 STREET ADDRESS LAND O'LAKES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ZEPKA, DOUGLAS NAME 2.2 NAME 209 GORNTO LAKE RD STREET ADDRESS 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 1 NAME 4.2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 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 tring 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of ou an article mental with an address. (813) 11-10 07

FILED

Apr 24 1997 8:00am

Secretary of State