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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000097364	(0)
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ACKERMAN CUSTOM HOMES, INC.

Marling Address Principal Place of Business 3760 HUNTERS ISLE DRIVE 3760 HUNTERS ISLE DRIVE ORLANDO FL 32837 ORLANDO FL 32837 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 Oity & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Zip Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DRAVES, ALLAN C 82 340 NORTH ORANGE AVENUE 83 SUITE B . ORLANDO FL 32801 ibmits this statement for the purpose of changing its registered office ectors. Thereby, accept the appointment as registered agent. Lam 11. Pursuant to the provision of Sections 607.0502 and 607.1568, Florida Statutes, the above named or registered agent, -28-96 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Change Addition TIFLE 1 I TIBLE WILLIAM N. ACKEPHA 1.2 NAM NAME 2760 HUNTER'S ISLE DR STREET ADDRESS ORCANDO, 71 32837 14 CE1 - \$1 - ZP City - S1 - Zip Addition [] DELETE 2 1 HILF TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(TY - ST - Z))* CITY - ST - ZIP Addition DELETE 3 1 T-11F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 20P CITY - ST - ZIF Change Addition DELETE 4 1 1011 6 TITLE 4.2 NAME NAME

6.4 CITY - ST - 2IP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs 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 of 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 of the receiver or trustee empowered to execute this report as required by Chipter 607, Florida Statutes, and that my name appears in Block 12 or Block with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

DILE NAME

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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