

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021812 (8)**

1. Corporation Name  
**GRACIOUS HOMES REALTY, INC.**

Principal Place of Business <b>6991 W. BROWARD BOULEVARD SUITE 105A PLANTATION FL 33317</b>	Mailing Address <b>6991 W. BROWARD BOULEVARD SUITE 105A PLANTATION FL 33317-2807</b>
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2. Principal Place of Business 21 <b>4850 ROTHSCHILD DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>Coral Springs FL</b> Zip Country 24 <b>33067</b> 25 <b>FLA.</b>		2a. Mailing Address 26 <b>46001 PALM TRAIL</b> Suite, Apt. #, etc. 27 <b>#25</b> City & State 28 <b>DAVIE FL</b> Zip Country 29 <b>33317</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/11/1996</b>	3a. Date of Last Report 
4. FEI Number <b>65-0647676</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

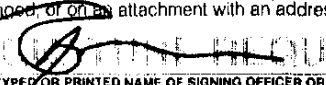
9. Name and Address of Current Registered Agent <b>TRUMBACH, ANDREW</b> <b>6991 W. BROWARD BOULEVARD</b> <b>SUITE 105A</b> <b>PLANTATION FL 33317</b>		10. Name and Address of New Registered Agent 81 Name <b>TRUMBACH, ANDREW</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4850 ROTHSCHILD DR</b> 83 84 City <b>Coral Springs</b> <b>FL</b> 85 Zip Code <b>33067</b>	
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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  **ANDREW TRUMBACH**  
 Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT</b> <b>ANDREW TRUMBACH</b> <b>4850 ROTHSCHILD DR</b> <b>CORAL SPRING FL 33067</b>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 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:  **ANDREW TRUMBACH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/30/97** Daytime Phone **(954) 755-3795**

CR2E034 (9/96)