

3-10-97 B-2853 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # P96000024789 (5)

1. Corporation Name

C-D HOMES, INC.

Principal Place of Business

7765 LAKE WORTH RD #340
LAKE WORTH FL 33467

Mailing Address

7765 LAKE WORTH RD #340
LAKE WORTH FL 33467-2536



3. Date Incorporated or Qualified 03/14/1996	3a. Date of Last Report N/A
4. FEI Number 65-0655844	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9280 Winding Woods Drive Suite, Apt. #, etc. 22 Lake Worth, FL City & State 23 33467 Zip 24 USA Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent GREENBERG, CAROL A 9280 WINDING WOODS DR LAKE WORTH FL 33467	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	1.2 NAME	1.3 STREET ADDRESS
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	2.3 STREET ADDRESS
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY - ST - ZIP	

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: Carol A. Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-4-97 561-434-5431
Date Daytime Phone #

CR2E034 (9/96)