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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000031495 (0)

1. Corporation Name
SELECT FLORIDA HOMES, INC.



Principal Place of Business: **7852 W. IRLO BRONSON HWY. KISSIMMEE FL 34747**

Mailing Address: **7852 W. IRLO BRONSON HWY. KISSIMMEE FL 34747-1729**

3. Date Incorporated or Qualified: **04/04/1996**

3a. Date of Last Report

2. Principal Place of Business: **7814 W. IRLO BRONSON**

2a. Mailing Address: **7814 W. IRLO BRONSON**

22. City & State: **KISSIMMEE FL**

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24. Zip: **34747** Country: **USA**

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4. FEI Number: **59-3383991**

Applied For: Applied For Not Applicable

6. 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
JOHN, J. PAUL
7852 W. IRLO BRONSON HWY.
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **7814 W. IRLO BRONSON Hwy**

83

84 City: **KISSIMMEE** FL 85 Zip Code: **34747**

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: *J.P. John* **J.P. JOHN**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **JOHN, J. PAUL**

STREET ADDRESS: **7852 W. IRLO BRONSON HWY. KISSIMMEE FL 34747**

CITY-ST-ZIP:

TITLE: **D** DELETE

NAME: **BUTCHER, GRAEME F**

STREET ADDRESS: **AUGUST ROSE, 1 VILLE DES CHENE ST. JOHN JE3 48G, JERSEY**

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS: **7814 W. IRLO BRONSON Hwy**

1.4 CITY-ST-ZIP: **KISSIMMEE FL 34747**

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition

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 stated 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 by an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

CR2E034 (9/96)