


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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041939

1. Corporation Name

American Dream Home Builders, Inc.

Principal Place of Business  
American Dream Home Builders, Inc.  
Port St. Lucie,  
Florida

Mailing Address  
Liberty, Missouri

3. Date Incorporated or Qualified 5-16-96	3a. Date of Last Report —
4. FEI Number 65-0666924	Applied For Not Applicable
5. Certificate of Status Desired A	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 145 N.W. Central Park Suite, Apt. #, etc. 22 Plaza, Suite 112 City & State 23 Port Saint Lucie, Florida Zip 24 34986	2a. Mailing Address 25 Nine Victory Drive Suite, Apt. #, etc. 27 Post Office Box 399 City & State 28 Liberty, Missouri Zip 29 64068	30 Clay
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9. Name and Address of Current Registered Agent

Nancy Desisto  
3251 Buena Vista, S.W.  
Palm City, Florida 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Robert Freshman
STREET ADDRESS		13 STREET ADDRESS	President
CITY - ST - ZIP		14 CITY - ST - ZIP	604 Spring Avenue
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Liberty, Missouri 64068
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	400002252984--2
CITY - ST - ZIP		24 CITY - ST - ZIP	-07/30/97--01102--001
TITLE	<input type="checkbox"/> DELETE	31 TITLE	****173.75 ****173.75
NAME		32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: Robert A. Freshman, President 7/21/97 816-781 0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)