

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

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000053296 (5)**

1. Corporation Name
NEW DAWN HOME SERVICES, INC.

Principal Place of Business 2086 HOUNDSLAKE DRIVE WINTER PARK FL 32782	Mailing Address PO BOX OFFICE PO BOX 1007 GOLDENROD FL 32732
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2. Principal Place of Business 21 155 Dahlia Drive Suite, Apt. #, etc.		2a. Mailing Address 26 155 Dahlia Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report —
22 City & State 23 Apopka, FL		27 City & State 28 Apopka, FL		4. FEI Number 59-3302206	Applied For Not Applicable
24 Zip 32760		29 Zip 32760		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26 Country		31 Country		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 AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

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 *Robert R. Billingsley* (SIGNED IN WRONG PLACE) 4/15/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P/T/D
NAME	DAVIS, JANE E	1.2 NAME	Billingsley, Robert R.
STREET ADDRESS	2036 HOUNDSLAKE DRIVE	1.3 STREET ADDRESS	2965 Lowery Drive
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	VD	2.1 TITLE	V/S/D
NAME	DAVIS, JOHN A	2.2 NAME	David P. Zdrodowski
STREET ADDRESS	2036 HOUNDSLAKE DRIVE	2.3 STREET ADDRESS	155 Dahlia Drive
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	Apopka, FL 32760
TITLE	S	3.1 TITLE	
NAME	DAVIS, MATTHEW A	3.2 NAME	
STREET ADDRESS	2036 HOUNDSLAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert R. Billingsley* 4/15/97 (407) 657-5837
Signature and typed or printed name of signing officer or director
Robert R. Billingsley, President

CR2E034 (9/96)