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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State \*\*
DIVISION OF CORPORATIONS

## FILED May 01 1997 8:00am Secretary of State

1997

DOCUMENT # P96000072293 (9)

REGAL HOMES OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address 74 UNO LAGO DRIVE 74 UNO LAGO DRIVE JUNO BEACH FL 33408 JUNO BEACH FL 33408-2665 3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0726075 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY DAVID UGHNEK 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) -TALLAHASSEE FL 32301-**B3** UNO 5 EA E.N 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 familial with, and accept the abligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PLLS / SEGY THUE DELETE 1.1 TITLE Change Addition BUCHNER, DAVID J NAME 1.2 NAME 74 UNO LAGO DRIVE STREET ADDRESS 1.3 STREET ADDRESS JUNO BEACH FL 33408 CITY-ST-ZIP 1.4 CITY-ST-ZiP VD DELETE 2.1 TITLE Change Addition **BUCHNER, DELMER B** NAME 22 NAME 74 UND LAGO DRIVE STREET ADDRESS 2.3 STREET ADDRESS JUNO BEACH FL 33408 CITY - \$1 - ZIP 2.4 CITY-ST-ZIP V. ALLI /TRUS THEF DELETE 3.1 TITLE Change \_\_ Addition NAME JOHN W TECKIN 3.2 NAME FUYS SE WOOD CLEAT PLACE HODE SOUND FL 32USF STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE THILE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-7IP 4.4 CITY-ST-ZIP DELETE TULE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5.4 CITY-ST-ZIP 900002169989 -05/07/97--01093--057 DELETE Addition IIIG 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADORESS** \*\*\*165.00 DITY-SI-7P 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 eport 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 proportion or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if charged, of one attainment with an address.

SIGNATURE: ?

CHAPORE AND TYPEO OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

7-/-17 Date

Daytime Phone #