P98000/02/36

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	SHOWCASE HOMES, INC. OF (Proposed corpor	rate name - must include suf	mx) 00002703 -12/04/98	 \$1.72
			-12/04/98 *****70.00	01030013 ******70.00
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
⊠K\$70 Filing		□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PPY REQUIRED	
FROM: CARROLL E. TOMPKINS Name (Printed or typed)				
	CHULUOTA, FLA. 327	Address 66 State & Zip		SECRETARY OF CORP

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

B. BROCK DEC 8 19981

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHOWCASE HOMES, INC. OF CENTRAL FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1010 W. Amelia St. Orlando, Fla. 32805

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CARROLL E. TOMPKINS 619 CR 419 CHULUOTA, FLA. 32766

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CARROLL E. TOMPKINS 619 CR 419 CHULUOTA, FLA. 32766

Caroll E. Tompkins
Signature/Incorporator

Oct. 1, 1998

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

noll E. Tomphins

Oct. 1, 1998

Signature/Registered Agent/

Date