FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S25106** **(3)**

1. Corporation Name

HOMES BY HENDERSON, INC.

Principal Place of Business	Mailing Address
~~12823 S NORMANDY WAY~~ ~~PALM BEACH GARDENS FL 33410~~	~~12823 S NORMANDY WAY~~ ~~PALM BEACH GARDENS FL 33410~~

3. Date Incorporated or Qualified: 01/15/1991	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0236942	☐ Applied For ☐ Not Applicable
5. 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	

2. Principal Place of Business	2a. Mailing Address
21 6650 W INDIANTOWN RD.	26 5365 HAMPSTEAD WAY
Suite, Apt. #, etc.: 22 SUITE 200	Suite, Apt. #, etc.: 27
City & State: 23 JUPITER, FL	City & State: 28 DULUTH, GA.
Zip: 24 33458 Country: 25 USA	Zip: 29 30155 Country: 30 USA

9. Name and Address of Current Registered Agent

KRAMER, SCOTT
~~1155 US HWY ONE~~
~~SUITE 205~~
~~JUNO BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name: SCOTT KRAMER
82 Street Address (P.O. Box Number is Not Acceptable): 6650 W. INDIANTOWN RD.
83: SUITE 200
84 City: JUPITER FL 85 Zip Code: 33458

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	HENDERSON, FRANK D		1.2 NAME		
STREET ADDRESS	~~12823 S NORMANDY WAY~~		1.3 STREET ADDRESS	5365 HAMPSTEAD WAY	
CITY-ST-ZIP	~~PALM BCH GARDENS FL~~		1.4 CITY-ST-ZIP	DULUTH, GA 30155	
TITLE	VTS	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	HENDERSON, JAN J		2.2 NAME		
STREET ADDRESS	~~12823 S NORMANDY WAY~~		2.3 STREET ADDRESS	5365 HAMPSTEAD WAY	
CITY-ST-ZIP	~~PALM BCH GARDENS FL~~		2.4 CITY-ST-ZIP	DULUTH, GA 30155	
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ / FRANK D. HENDERSON 6-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 770-664-7688