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 # **S31762** **(5)**

1. Corporation Name
CAMBRIDGE HOMES, INC.

Principal Place of Business
861 DOUGLAS AVE.
P.O. BOX 112
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
~~2000 SUN BANK CENTER, 200 S. ORANGE AVE.~~
~~P.O. BOX 112~~
~~ORLANDO FL 32802~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 861 DOUGLAS AVE.
Suite, Apt. #, etc.
27
City & State
28 ALTAMONTE SPRINGS, FL
Zip 29 32714 Country 30 SEMINOLE

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-3049697 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
A.G.C., CO.
~~2000 SUN BANK CENTER~~
~~ORLANDO FL 32802~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
861 DOUGLAS AVE.
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	OROSZ, WILLIAM S JR	
STREET ADDRESS	861 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPST	[ ] DELETE
NAME	STEAKLEY, JERRY	
STREET ADDRESS	861 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	[ ] DELETE
NAME	DELL, ARLIN L	
STREET ADDRESS	861 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	[ ] DELETE
NAME	WOOD, STEPHEN P	
STREET ADDRESS	861 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	[ ] DELETE
NAME	REISING, RICHARD	
STREET ADDRESS	861 DOUGLAS AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	[ ] Change [X] Addition
6.2 NAME	Bennett, Dana A.	
6.3 STREET ADDRESS	861 Douglas Ave.	
6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

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14. I do hereby certify that the information supplied with this report is correct to the best of my knowledge, for the exception stated in Section 119.07(3)(k), 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 attached amendment, with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William S. Orosz, Jr.

March 12, 1996 407/865-9600
Date Phone

Date Received 5-6-96