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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S54623

(1)

SOUTHERN HOMES & PROPERTIES, INC.

FILED Jun 27 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address					n imminitat idi dirili dirila dirila ilaban diri andri dibil abdir dibir dibir dibir			
606 VERONA STREET				806 VERONA STREET								
#1			#1	- ·								
KISSIMMEE FL 34741			KIS: US	KISSIMMEE FL 34741-5472					2 Data (annual data Ougli)	ad 9a	Data at La	nt Domosi
US			03	03						Date Incorporated or Qualified 3a. Date of Last Report 05/22/1991 05/01/1996		
9 Principal P	lace of Busines		2a	Mailing Ad	drace				4. FEI Number		3/01/100	Applied For
2. Principal Place of Business 21				├ ─					59-3067562		-	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					39 3001302		69.7	5 Additional
22				27					5. Certificate of Status Desired			e Required
City & State				City & State					6. Election Campaign Financin			
23			28	├── ┐ ′					Trust Fund Contribution	'n		00 May Be led to Fees
Zip	Country			Zip Cou			intry		8. This corporation has liability			
24	21	·	29	2.14*	}	30	,		Florida Statutes		No lax uno	UI 8. 199.032,
241		nd Address of Cur		ered Agen		30	Ι		10. Name and Address of Nev			
MCI							81	Name				
MCMICHEN, LORRAINE 806 VERONA STREET												
SUITE 1				,			82	Streot A	Address (P.O. Box Number is Not Acce	ptable)		
							83	-				
KISSIMMEE FL 34741							"					
							84	City			85	Zip Code
44 5				- 4500 5 1			<u>[]</u>			F		
11. Pursuant	to the provision registered age:	ns of Sections 607.0 nt. or both, in the St	1502 and 60 ate of Florid	17.1508, Flo a. Such ch	rida Statute ancie was a	es, the a ulhorize	bove d bv	e-named : The corp	corporation submits this statement for poration's board of directors. I hereby a	ne purposi acept the e	e of change appointmen	ng its registered t as registered
agent la	m familiar with	, and accept the ob	ligations of,	Section 60	7.0505, Flo	rida Sta	tutes	i.				
SIGNATURE												
	Signature, typed or	printed name of registered			(NOTE		o Age	nt signature	required when reinstating)	DATE		7.000 101 40
12.	· 5	OFFICERS /	AND DIREC		DC+ EYC	13.			ADDITIONS/CHANGES TO C	FFICERS A	Char	
TITLE	MONICHEN LOODAINE			DELETE 1.1 T							L. Unai	ige L Modition
NAME	MOMICHEN, LORRAINE			1.2 N								
STREET ADORESS	LANGON WASSELLER						IREET	ADDRESS				
CITY-ST-ZIP	VISSIMME	FL	···········				ITY-S	T-ZIP				
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NAME						2.2 N	AME					
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CITY-ST-ZIP						2.40	HY-S	ST - ZIP				
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NAME						32 N	AME	İ				
STREET ADDRESS						335	TREET	ADDRESS				
CITY-ST-ZIP						3,4.0	ITY-S	37 - ZIP				
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NAME						4.21	IAME					
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CITY-ST-ZIP	İ						ITY-S					İ
TITLE		~			DELETE	6.1 T		, 411			Char	nge Addition
NAME					-	6.2 N						
STREET ADDRESS								ADDRESS				
l .												
CITY-ST-ZIP	L					■ 6.4 C	ITY-S	1-ZIP				

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 eath; 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.