**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S76334

1. Corporation Name
MASTERCRAFT HOMES, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| c/o 1401 Brickell Ave. #700 Miami, fl 33131 | c/o 1401 Brickell Ave. #700 Miami, fl 3313, |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 8-27-91 | 3a. Date of Last Report: 4-27-94 |
| 4. FEI Number: 65-0280401 | 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 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

KTC&S Registered Agent Corp.
1401 Brickell Ave.
#700
Miami, fl 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 agent is a corporation) (New Registered Agent's signature required when reinstated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | CEO IPD | ☐ Change ☒ Addition |
| NAME | Buigas, OJ | 600001480976 |
| STREET ADDRESS | 4425 S. Landings Dr | -05/09/95--01101--002 |
| CITY ST ZIP | Ft. Myers, fl | ****200.00 ****200.00 |
| TITLE | ~~VP~~ | VP/CFO/S/T ☒ Change ☐ Addition |
| NAME | ~~Schwantes, Joan A.~~ | Waite, Robert |
| STREET ADDRESS | ~~4425 S. Landings Dr~~ | 4425 S. Landings Dr. |
| CITY ST ZIP | ~~Ft. Myers, fl~~ | Ft. Myers, fl |
| TITLE | EVP/AS | ☐ Change ☒ Addition |
| NAME | Baum, Howard | |
| STREET ADDRESS | 4425 S. Landings Dr | |
| CITY ST ZIP | Ft. Myers, fl | |
| TITLE | ~~AS/VP~~ | VP/AS ☒ Change ☐ Addition |
| NAME | ~~CLAUSO, ANA DOUGLAS~~ | Joseph C. Schwantes |
| STREET ADDRESS | ~~3850 S.W. 27 Ave, #305~~ | 4425 S Landings Dr |
| CITY ST ZIP | ~~Miami, fl~~ | Ft. Myers, fl |
| TITLE | ~~VP/CFO~~ | ☐ Change ☐ Addition |
| NAME | ~~Carbonell Martinez~~ | |
| STREET ADDRESS | ~~4425 S. Landings Dr~~ | |
| CITY ST ZIP | ~~Ft. Myers, fl~~ | |
| TITLE | | $M511 ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

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 added by this filing.

**SIGNATURE:** O.J. Buigas

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4-28-95 (813) 481-2500
Date Daytime Phone #