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 # S76334 (9)

1. Corporation Name
MASTERCRAFT HOMES, INC.

Principal Place of Business
~~%KTG&S Registered Agent Corp 1401 Brickell Avenue Suite 700 Miami, Fl 33131~~

Mailing Address
~~%KTG&S Registered Agent Corporation, 1401 Brickell Avenue, Ste. 700, Miami, Florida 33131~~

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***200.00

2. Principal Place of Business
21 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc.
22 Suite 1035
City & State
23 Coral Gables, Fl
Zip 24 33134
Country 25 U.S.

2a. Mailing Address
26 2121 Ponce de Leon Blvd.
Suite, Apt. #, etc.
27 Suite 1035
City & State
28 Coral Gables, Fl
Zip 29 33134
Country 30 U.S.

3. Date Incorporated or Qualified: 08/27/1991
3a. Date of Last Report: 05/01/1995
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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
~~KTG&S REGISTERED AGENT CORPORATION~~
~~1401 Brickell Avenue~~
~~Suite 700~~
~~Miami, Florida 33131~~

10. Name and Address of New Registered Agent
81 Name: Gregg S. Truxton, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
83 Suite 1035
84 City: Coral Gables FL 85 Zip Code: 33134

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: Gregg S Truxton 4/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C/P/D	[ ] DELETE
NAME	Buigas, O.J.	
STREET ADDRESS	4425 S. Landings Drive	
CITY-ST-ZIP	Ft Myers, Fl	
TITLE	V/C/S/T	[ ] DELETE
NAME	Waite, Robert	
STREET ADDRESS	4425 S Landings Dr	
CITY-ST-ZIP	Ft. Myers, Fl	
TITLE	E/V/A/S	[ ] DELETE
NAME	Baum, Howard	
STREET ADDRESS	4425 S Landings Drive	
CITY-ST-ZIP	Ft Myers, Fl	
TITLE	V/A/S	[ ] DELETE
NAME	Schwantes, Joseph	
STREET ADDRESS	4425 S Landings Dr	
CITY-ST-ZIP	Ft Myers, Fl	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	9311 College Parkway, Suite 1	
1.4 CITY-ST-ZIP	Ft. Myers, Fl 33919	
2.1 TITLE	V/S/T	[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	9311 College Parkway, Suite 1	
2.4 CITY-ST-ZIP	Ft. Myers, Fl 33919	
3.1 TITLE	E/V	[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	9311 College Parkway, Suite 1	
3.4 CITY-ST-ZIP	Ft. Myers, Fl 33919	
4.1 TITLE	V	[X] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS	9311 College Parkway, Suite 1	
4.4 CITY-ST-ZIP	Ft. Myers, Fl 33919	
5.1 TITLE	V	[ ] Change [X] Addition
5.2 NAME	Inge, Sharon	
5.3 STREET ADDRESS	9311 College Parkeay, Suite 1	
5.4 CITY-ST-ZIP	Ft Myers, Fl 33919	
6.1 TITLE	V	[ ] Change [X] Addition
6.2 NAME	Miller, Robert	
6.3 STREET ADDRESS	9311 College Parkway, Suite 1	
6.4 CITY-ST-ZIP	Ft. Myers, Fl 33919	

5-1-96

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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)(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 attachment with an address.

SIGNATURE: 4-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #