

**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 ~~200001815042~~  
~~200001815042~~  
~~05/09/96--01063--015~~  
~~\*\*\*200.00~~  
~~200001815042~~  
~~05/09/96--01063--015~~  
~~\*\*\*200.00~~  
Mailing Address  
~~200001815042~~  
~~05/09/96--01063--015~~  
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~~\*\*\*200.00~~  
~~200001815042~~  
~~05/09/96--01063--015~~  
~~\*\*\*200.00~~  
KIG&S Registered Agent Corp  
KIG&S Registered Agent  
1401 Brickell Avenue Suite 700  
1401 Brickell Avenue, Ste. 700, Miami,  
Miami, FL 33131  
Florida 33131

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.  
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-J280401  
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

9. Name and Address of Current Registered Agent  
~~KIG&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 607.0503, Florida Statutes.

SIGNATURE: *Gregg S. Truxton*

4/15/96

12. OFFICERS AND DIRECTORS

TITLE	C/P/D	<input type="checkbox"/> DELETE
NAME	Buigas, O.J.	
STREET ADDRESS	4425 S. Landings Drive	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE	V/C/S/T	<input type="checkbox"/> DELETE
NAME	Waite, Robert	
STREET ADDRESS	4425 S Landings Dr	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE	E/V/A/S	<input type="checkbox"/> DELETE
NAME	Baum, Howard	
STREET ADDRESS	4425 S Landings Drive	
CITY-ST-ZIP	Ft Myers, FL	
TITLE	V/A/S	<input type="checkbox"/> DELETE
NAME	Schwantes, Joseph	
STREET ADDRESS	4425 S Landings Dr	
CITY-ST-ZIP	Ft Myers, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Miller, Robert	
6.3 STREET ADDRESS	9311 College Parkway, Suite 1	
6.4 CITY-ST-ZIP	Ft. Myers, FL 33919	

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 to this address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

CR2034 (12/95)