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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S76334 (9)

1. Corporation Name
MASTERCRAFT HOMES, INC.



Principal Place of Business 2121 PONCE DE LEON BLVD. STE 1000 CORAL GABLES FL 33104	Mailing Address 2121 PONCE DE LEON BLVD. STE 1000 CORAL GABLES FL 33104 6218
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2. Principal Place of Business 21 9311 College Parkway Suite, Apt. #, etc. 22 Suite 1 City & State 23 Ft. Myers, Florida Zip Country 24 33919 25 USA	2a. Mailing Address 26 9311 College Parkway Suite, Apt. #, etc. 27 Suite 1 City & State 28 Ft. Myers, Florida Zip Country 29 33919 30 USA
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3. Date Incorporated or Qualified 08/27/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0280401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TRUXTON, GREGG S ESQ
2121 PONCE DE LEON BLVD.
~~STE 1000~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	Suite 600
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BUGAS, O.J.	
STREET ADDRESS	9311 COLLEGE PKWY. STE 1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WAITE, ROBERT	
STREET ADDRESS	9311 COLLEGE PKWY. STE 1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	EVT	<input type="checkbox"/> DELETE
NAME	BAUM, HOWARD	
STREET ADDRESS	9311 COLLEGE PKWY. STE 1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHWANTES, JOSEPH	
STREET ADDRESS	9311 COLLEGE PKWY. STE 1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	INGE, SHARON	
STREET ADDRESS	9311 COLLEGE PKWY. STE 1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT	
STREET ADDRESS	9311 COLLEGE PKWY. STE 1	
CITY-ST-ZIP	FT MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	E/V
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Laskowitz, Doug
4.3 STREET ADDRESS	9311 College Parkway, Suite 1
4.4 CITY-ST-ZIP	Ft. Myers, Florida 33919
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brittain, Paul
5.3 STREET ADDRESS	9311 College Parkway, Suite 1
5.4 CITY-ST-ZIP	Ft. Myers, Florida 33919
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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)
 433-2323

CR2E034 (9/96)

Title- V
Name- Carbary, Gary
Street Address- 9311 College Parkway, Suite 1
City-St-Zip- Ft. Myers, FL 33919

ADDITION

Title- V
Name- Spies, John
Street Address- 9311 College Parkway, Suite 1
City-St-Zip- Ft. Myers, FL 33919

ADDITION

A handwritten signature or mark, possibly a stylized 'R' or 'B', located below the second entry.