

576334

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WALK IN

PICK UP

12/31/97 11:00 MF

CERTIFIED COPY

CUS

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FILING Dissolution

1.) McHomes, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

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-12/31/97--01024--008
*****87.50 *****87.50

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

FILED
97 DEC 31 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
97 DEC 31 AM 10:29
DEPT. OF REVENUE
CORPORATION

INDIS
DEC 31

FILED
97 DEC 31 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
OF
MCHOMES, INC.

MCHomes, Inc., a Florida corporation (referred to herein as the "Company"), by its President, for the purpose of complying with the provisions of section 607.1403, Florida Statutes, relating to the filing of Articles of Dissolution, does hereby execute the following Articles of Dissolution.

1. Name of Corporation:

MCHOMES, INC.

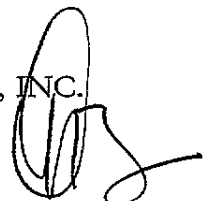
2. The foregoing dissolution was authorized by the Shareholders and Directors of the Company by joint written consent as of the 17 day of December, 1997.

3. The number of votes cast for dissolution by the Shareholders was sufficient for approval of the action authorizing such dissolution.

4. The dissolution contemplated herein shall become effective upon filing of these Articles of Dissolution with the Department of State, pursuant to Section 607.1403, Florida Statutes.

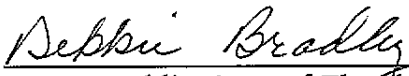
In Witness Whereof, the President of the Company has executed these Articles of Dissolution as of the 17 day of December, 1997.

MCHOMES, INC.

By: 
O. J. Buigas, President

STATE OF FLORIDA)
COUNTY OF LEE)

The foregoing document was acknowledged before me this 17 day of December, 1997, by O. J. Buigas, as President of MCHomes, Inc., a Florida corporation, on behalf of the corporation. He () is personally known to me or () has produced _____ as identification.


Notary Public, State of Florida
Print Notary Name:

My Commission Expires:

