FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S91071

(8)

WORLD HOMES INC.

SIGNATURE:

p									
Principal Flace of Business Mailing Address						e immeimin tim imin trutt darti ennte tint	AIBII BIBII AII	}	DIBH IIQI
P.O. BOX 208 FERNANDINA BEACH FL 32034		P.O. BOX 208 FERNANDINA BEACH FL 3 US	FERNANDINA BEACH FL 32035-0208						
		••				3. Date Incorporated or Qualified	3a. Dat	e of Last F	teport
						10/31/1991	03/1	5/1996	
2. Principal Pt	ace of Business	2a. Mailing Address				4. FEI Number		- A	pplied For
21		26				59-3168290			ot Applicable
Suite, Apt +	#, e1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22	4-14-11-11-11-11-11-11-14-projection-to-to-to-to-to-to-to-to-to-to-to-to-to-	27							equired
City & State	;	City & State				6. Election Campaign Financing	_		May Be
2 3	Country	28	Cou	ntry		Trust Fund Contribution	<u> </u>		to Fees
	25	29	30	n itr y		8. This corporation has liability for Florida Statutes	ntang≀bie t ∐Yes [¥		i. 199.032, ;
24	9. Name and Address of Curre		[30]			10. Name and Address of New Re			
TOM	ASSETTI, A JEFFREY			81	Name		•	<u> </u>	
	assetti, a jerret Ash street						 		
	E 105			82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)		
	IANDINE BEACH FL 32034			83	· · · · · · · · · · · · · · · · · · ·				
FEAR	INIDIAE DENOTITE 32004						·		
				84	City		FL	85 Zip	Code
11 Pursuant t	a the provisions of Sections 607.05	02 and 607 1508 Florida Statu	tes the al	bove	a-named cor	poration submits this statement for the p	urpose of	changing i	ts registered
office or n agent. Lai	egistered agent, or both, in the Stat in familiar with, and accept the oblig 	e of Florida. Such change was gations of, Section 607.0505, Fl	authorize Iorida Stat	d by tutes	the corpora s.	ation's board of directors. I hereby accept	ot the appo	intment as	registered
SIGNATURE	Source at typicious printed harvior raig defect as	perstana, noci il applicable. (NO	TE Flagistera	o Age	ni signature requ	ired when reinstating)	DATE		
12.	OFFICERS AT	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
THE	PSD	☐ DELETE	1.1 🕕	TLE				Change	Addition
NAM:	ALLISON, ROBERT SCOTT		1.2 N	AME	-				
STREET ADDRESS	LENTS ROAD		1.3 S	TREET	ADDRESS		-		
CHY-ST-ZIP	YULEE FL 32097		1.4 C	TY-S	T - ZIP				
THILE	VTD DELETE			TLE				Change	Addition
NAME	ALLISON, LYNN		22 NAME						
STREET ADDRESS	LENTS RD.		235	TREE1	ADDRESS				
C-Fr-St-ZiP	YULEE FL 32097		2.40	ITY-	ST-ZIP			,	
TIPLE	L DELETE			TLE		·		Change	☐ Addition
MAM:			3.2 N	AME					
STELL ALDRESS			3.3 \$	TREET	ADDRESS				
CH r - ST- 7F		Dr. Fyr			S1-ZIP				1,220.
Trītē		☐ DELETE	4.1 34					Change	Addition
NAME			4. 2 N						
STEELE ALCOHOUS					ADDRESS				
CHT-ST ZH		T DELETE :			IT - ZIP	***************************************		Change	Addition
1111t		L DELETE	5.1 7					ш онануе	LI ACCIDION
NAME AND DECISION			52N		ADDRESS				
STREET ADDRESS									
CHY SI-ZiF TallE		☐ DELETE	5.4 C		ST-ZIP	4		Change	☐ Addition
NAME		Lad Deceste	62 N					manual annual des	. 100111071
					ADDRESS				
STREET ADDRESS					ADUMESS ST-ZIP				
14. I do herel	ly certify that the information suppli	ed with this filing does not qua	lify for the	ex€	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	the
informatio Lam an o	n indicated on this annual report or	supplemental annual report is or the receiver or trustee empor	true and wered to	accı	urate and the cute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida s 1 0 0	al effect as	if made ur	nder oath; that