

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V06704 (3)

1. Corporation Name
C.D.C. HOMES, INC.

Principal Place of Business

1810 SR 17 S
AVON PARK FL 33825
US

Mailing Address

1810 SR 17 S
AVON PARK FL 33825-8679
US

2. Principal Place of Business

21 27436 Rue De Paix
Suite, Apt. #, etc.

22 City & State
Bonita Springs FL

23 Zip 34135 County Lee

24 34135 25 Lee

2a. Mailing Address

26 27436 Rue De Paix
Suite, Apt. #, etc.

27 City & State
Bonita Springs FL

28 Zip 34135 Country Lee

29 34135 30 Lee

9. Name and Address of Current Registered Agent

MCKIBBEN, CHARLES L.
1810 US 17 S
AVON PARK FL 33825

81 Name

Kevin Kurtz

82 Street Address (P.O. Box Number is Not Acceptable)

27436 Rue De Paix

83

84 City

Bonita Springs

FL

85 Zip Code

34135

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

Kevin D. Kurtz

KEVIN D. KURTZ

3-27-97

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 D
NAME MCKIBBEN, CHARLES L.
STREET ADDRESS 1810 SR 17 S
CITY - ST - ZIP AVON PARK FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Kevin Kurtz
1.3 STREET ADDRESS 27436 Rue De Paix
1.4 CITY - ST - ZIP Bonita Springs FL 34135

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles L. McKibben

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)

3-10-97

Date

941-453-4700

Daytime Phone #