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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

R.F. KL	JSTOM HOMES OF BRAND	` '						
7414 COMMERCE ST. RIVERVIEW FL 33589		7414 COMMERCE ST. RIVERVIEW FL 33589-4333						
					3. Date Incorporated or Qualified 01/27/1992		of Last Re 0/1996	port :
2. Principal F	lace of Business	2a. Mailing Address	2a. Mailing Address			Applied For Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u></u>		59-3113967 5. Certificate of Status Desired		\$8.75 A	Additional
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added to	May Be
7ip			Country	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	9. Name and Address of Curre		30		10. Name and Address of New R			
ED	ENFIELD, MICHAEL S.		81	Name				
	B MASON ST.		82 Street Ad		dress (P.O. Box Number is Not Accepta	ble)		
BR	ANDON FL 33511		83	 				
			84				85 Zip C	Yorks
						۴L		
1	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was a pations of, Section 607.0505, Flo	es, the abov uthorized b rida Statute	e-named co y the corpor s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of c pt the appoi	hanging its ntment as i	registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NOTE	: Registered Ag	ent signature rec	julred when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFFI			
TULE	CARLEGAL O DENNIC		1.1 TITLE	Ì		L	Change	Addition
NAME STREET ADDRESS	TALL COMMITTEE OF		1.2 NAME	T ADDRESS				
CITY-ST-ZIP	DEPOLARITE P		1.4 CITY-1	- 1				Ì
TITLE	VPST	DELETE 21				L	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	DISTRIBUTE OF		E	T ADDRESS				
TIDLE			2.4 CITY- 31 TITLE	ST · ZIP			Change	Addition
NAME		321		ŀ		-		
STREET ADDRESS		3.3:		T ADDRESS				
City-St-ZiP				ST-ZIP			70.	116.00
TITLE		☐ DELETE	4.1 TITLE	-		L	Change	Addition
NAME STREET ADDRESS			4. 2 NAME	T ADDRESS				
CHY-S1-ZIP			4.4 CITY - 1	1				į
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	}				
STREET ADDRESS				T ADORESS				
CHTY - S1 - ZIP		DELETE	5.4 CITY -: 6.1 TITLE	ST-ZIP		<u>-</u> -	Change	☐ Addition
TITLE NAME				ļ		L,	- Criange	
STREET ADDRESS			6.2 NAME 6.3 STREE	T ADDRESS				
C(1) - ST - 2/17			6.4 CITY	1				

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 Brock 12 or Block 13 if changed, or made an address.

SIGNATURE:

813.681-4861

FILED

Apr 08 1997 8:00am

Secretary of State