

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V16644 (9)
1. Corporation Name
D H HOMES INC.

Principal Place of Business
120 EDGEWOOD TERRACE
SANTA ROSA BCH. FL 32459

Mailing Address
PO BOX 1918
SANTA ROSA BCH. FL 32459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number		Applied For
21		26	02/25/1992	59-3110328		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
22		27	6. Election Campaign Financing		\$5.00 May Be Added to Fees	
City & State		City & State	Trust Fund Contribution		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
23		28	32459		X Yes [] No	
Zip		Country	29		30	
24		25	32459		USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HELLER, D J 120 EDGEWOOD TERRACE SANTA ROSA BCH. FL 32459		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 _____ (Signature, typed or printed name of registered agent not file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	[] Change [] Addition
NAME	HELLER, D J	1.2 NAME	
STREET ADDRESS	3696 BAY GROVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32469	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	[] Change [] Addition
NAME	CARLL, D.R.	2.2 NAME	
STREET ADDRESS	105 EDGEWOOD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH. FL 32459	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* D.J. HELLER, PRES. 2/5/98 850 267 1771

CR2E034 (10/97)