AMOUNT DUE ON OR BEFORE	PORATION WILL BE DISS 8/7/96: \$225 (IF DISSOLVED			<u>,</u> , , , , , , , , , , , , , , , , , ,	e torre
PROFIT CORPORATION ANNUAL REPOR		Sandra Secre	ARTMENT OF STATE a B. Mortham lary of State	7-11 a gr	
1996		DIVISION OF	CORPORATIONS	96 JUL -5	/IIII: 35
DOCUMENT # V32977 (3)				SECTION OF COURSE	
STARTER HOMES	OF FLORIDA, INC.			SECOND AND TAKEN	E, FLORIDA
Principal Place of Business		Mailing Address		#	1001885020
<del>1712 LONG BOW LANE</del> <del>OLEARWATER FL 3462</del> 4		1712 LONG BOW LANE GLEARWATER FL 9462		-1 -707/0	579601043017 800.00****225.00
<del>US-</del>		<del>US</del>		3. Date Incorporated or Qualified 05/01/1992	a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	(SAME)	4. FEI Number	Applied For
Suite, Apt #, etc	e center Dia	Suite, Apt. #, etc.	(SAME)	<b>59-3126777 5.</b> Certificate of Status Desired	Not Applicable \$8.75 Additional
Suite 303 City & State	2	City & State		Certificate of Status Desired     G. Election Campaign Financing	Fee Required  \$5.00 May Be
St. Petersbu	_,	в]		Trust Fund Contribution	Added to Fees
Zip 24 33702 25	Country 2	Ζιρ <b>9</b>	Country 30	This corporation has liability     Florida Statutes	for intangible tax under s. 199 032. Yes No
	d Address of Current Rec		81 Name	10. Name and Address of New	Registered Agent
					<b>.</b>
office or registered agent	<ol> <li>or both, in trie State of Flo</li> </ol>	rida. Such change was	utes, the above-named co authorized by the corpor	ety Harbor, orporation submits this statement for the ration's board of directors. Thereby according to the control of the con	FL 85 Zip Code 3 4 6 9 5 e purpose of changing its registered sept the appointment as registered
office or registered agent agent. I am familiar with, SIGNATURE	t, or both, in the State of Flo and accept the obligations	rida. Such change was of, Section 607.0505, F	84 City Safe utes, the above-named or authorized by the corpor	orporation submits this statement for the ration's board of directors. Thereby acc	e purpose of changing its registered
office or registered agent agent I am familiar with, SIGNATURE Signature typed or p 12.	<ol> <li>or both, in trie State of Flo</li> </ol>	of, Section 607,0505, Faction	84 City Safe utes, the above-named or sauthorized by the corpor Florida Statutes.  DEE Registered Agent signature re 13.	orporation submits this statement for th ration's board of directors. Thereby acc equired when reinstating?  ADDITIONS/CHANGES TO O	e purpose of changing its registered cept the appointment as registered
office or registered agent agent I am familiar with, SIGNATURE Signature typed or p	t, or both, in the State of Fic and accept the obligations or rice name of registered agent and OF FICERS AND DIF	rida Such change was of, Section 607.0505, I iteir applicable (6	84 City Safe utes, the above-named or authorized by the corpor Florida Statutes.	orporation submits this statement for the ration's board of directors. Thereby accommod when remissing.  ADDITIONS/CHANGES TO O	e purpose of changing its registered cept the appointment as registered  SATE  FLICERS AND DIRECTORS IN 12  Change XXAddition
office or registered agent agent 1 am familiar with,  SIGNATURE  Signature typed or p  12.  IITLE POST-HOVE, STI  STREET ADDRESS 1772 LON	I, or both, in the State of Fic and accept the obligations or Ficers AND DIF EPHEN D: G BOW LANE	of, Section 607,0505, Faction	B4 City Safe utes, the above-named or authorized by the corpor Florida Statutes.  13. 11 IIILF 12 NAME 13 STREET ADDRESS	orporation submits this statement for the ration's board of directors. Thereby accompanied when remsating.  ADDITIONS/CHANGES TO O  DP  Keith Bass  101 Philippe Pkw	e purpose of changing its registered sept the appointment as registered  DATE  FI ICERS AND DIRECTORS IN 12  Change XXAddition
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office or registered agent agent 1 am familiar with,  SIGNATURE  12.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  OTHER TOP ST TO THE TOP ST	I, or both, in the State of Fic and accept the obligations or Ficers AND DIF EPHEN D: G BOW LANE	of, Section 607,0505, I  ure l'applicable (f.  EECTORS  DELETE	B4 City Safe utes, the above-named or authorized by the corpor Florida Statutes.  13.  11 IIILE 12 NAME 13 STREET ADDRESS 14 CITY - S1 - ZIP 21 TITLE 22 NAME	approach on submits this statement for the ration's board of directors. Thereby accompanies the resisting of the resistance o	E purpose of changing its registered cept the appointment as registered  DATE  FICERS AND DIRECTORS IN 12  Change XXAddition  Y • , #305  L 34695  Change XXAddition
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SIGNATURE: Keith Bass, President 7/2/96 (813) 579-1200