

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:00

DOCUMENT # **V42291** (7)

1. Corporation Name

AMERICAN HOMES OF OCALA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
P.O. BOX 3806 P.O. BOX 3806
OCALA FL 34478 Ocala FL 34478

3. Date Incorporated or Qualified **06/01/1992** 3a. Date of Last Report **02/17/1994**
4. FEI Number **59-3126904** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ABBATELLO, JOSEPH
9681 S.E. 143RD STREET
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VELOCCI, CLAIRE
STREET ADDRESS	3 CANDLEWOOD PATH NO.
CITY- ST- ZIP	DIX HILLS NY 11746
TITLE	V
NAME	DENNIS, MIKE
STREET ADDRESS	160 S.W. 27TH AVENUE
CITY- ST- ZIP	OCALA FL 34474
TITLE	V
NAME	ABBATELLO, ELAINE
STREET ADDRESS	7380 N.W. 44 LANE
CITY- ST- ZIP	OCALA FL 34482
TITLE	ST
NAME	MICOLOTTA, FRANK
STREET ADDRESS	18-71 41ST STREET
CITY- ST- ZIP	ASTORIA NY 11104
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABBATELLO, JOSEPH
2.3 STREET ADDRESS	9681 SE 142ND AVENUE
2.4 CITY- ST- ZIP	SUMMERFIELD, FL 34491
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(TAKE OFF ABBATELLO, ELAINE)
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 or on an attachment with an address.

SIGNATURE:  VICE-PRESIDENT 1/13/95 (904)687-1122
Print Name and Typed on Printed Name of Signing Officer or Director