SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMISTATE: \$375.) PROFIT: PLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 1996 DIVISION OF CORPORATIONS DOCUMENT # (0)ML HOMES, INC. Principal Place of Business Mailing Address 11410 W SAMPLE ROAD 11410 W. SAMPLE ROAD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1992 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0336393 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Z_{ip} Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAYERCHAK, JOSEPH 11410 W. SAMPLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 City Zip Code 85 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or priored runse of registered agent and title if applicable (NOTE: Registered Agent signature required when reassacing) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TrUE (96/8)11717.6 Change Addition NAME Mayerohak, Leoa MAYER MICHAEL 1.2 NAME CR2E034 STREET ADDRESS 9872 N.W. 54 PLACE W. JAMPLE ROAD 11410 13 STREET ADDRESS CITY-ST-ZIP COPAL SPRINGS FL 14 C(1) Y - ST - Z(P TITLE PD DELETE 211006 Change Addition NAME MAYERCHAK, JOSEPH 2.2 NAME STREET ADDRESS 11410 W. SAMPLE ROAD 23 STHEET ADDRESS CORAL SPRINGS FL CHY-ST-78 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIF TITLE DELETE 4.1 MHF Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 51 TOLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST ZIP TITLE DELETE 6.1 TITLE 60000190742**5**~ -07/30/96--01023--026~, NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***225.00 CITY-ST-ZIP 6 4 CITY - ST - ZiP 14. I do hereby certify that the informatic f is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if oraylon or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and further certify that the informade under oath, that I nation ran o' that my name appears SIGNATURE:

DEFICER OR DIRECTOR