

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

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V48568 (2)

1. Corporation Name
XL HOMES INC.



Principal Place of Business 101 WYMORE ROAD SUITE 214 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 101 WYMORE ROAD SUITE 214 ALTAMONTE SPRINGS FL 32714-4313 US
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3. Date Incorporated or Qualified 07/08/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3131000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 151 Wymore Road Suite, Apt. #, etc.	26 151 Wymore Road Suite, Apt. #, etc.
22 Suite 688 City & State	27 Suite 688 City & State
23 Altamonte Springs, FL Zip Country	28 Altamonte Springs, FL Zip Country
24 32714 USA	29 32714 USA

9. Name and Address of Current Registered Agent WARLICK, THOMAS H ESQ. WARLICK, FASSETT & ANTHONY, P.A. 14 E. WASHINGTON ST., SUITE 500 ORLANDO FL 32801	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, ERIC	1.2 NAME	
STREET ADDRESS	1931 YEAGER AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAVERNE CA	1.4 CITY - ST - ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMON, DUMONT A	2.2 NAME	
STREET ADDRESS	953 RED FOX RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPGS. FL	2.4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHMAN, JAMES W.	3.2 NAME	DVS
STREET ADDRESS	3739 ROTHBURY DRIVE	3.3 STREET ADDRESS	Rahman, James W.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	16501 Bay Club Drive
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Clermont, FL 34711 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, LINA	4.2 NAME	
STREET ADDRESS	1931 YEAGER AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAVERNE CA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Dumont A. Derman* **4-10-97** **407-862-9191**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)