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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V59661

(1)

MAJOR HOMES, INC.

Principal Plac		Mailing Address	4 hills -4m4		a safet diege fight Acts dies dies bies des matt deut bebri betri Acts and		
12670 NEW BRI FT. MYERS FL	ITTANY BLVD. #101 33907	12670 NEW BRITTAN' FT. Myers FL 33907-					
					3. Date incorporated or Qualified 08/20/1992		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	L A	pplied For
21		26			59-3211269		ot Applicable
Suite, Apt	#, etc.	· '	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27		······································			equired
City & Stat	te		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z ip	Country Zip		Country	,	Trust Fund Contribution		····
24]	25	29	30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes		
·*!	9. Name and Address of Curre				10. Name and Address of New Reg	<u> </u>	
ROY	STON, ROBERT D JR.		81	Name			
	O NEW BRITTANY BLVD.		82	Stroot Ada	dress (P.O. Box Number is Not Acceptable		
SUITE 101			02	Silber Auc	area (F.O. Box Homber is Not Accepted	θ)	
FT. I	MYERS FL 33907		83				
			64	City		85 Zip	Code
•			•	City		FL °° 2°	COUR
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida \$	Statutes, the abov	e-named cor	poration submits this statement for the p	urpose of changing I	ts registered
agent La	registered agent, or born, in the Stat am familiar with, and accept the obli	gations of, Section 607.050	was authorized b 05, Florida Statute	y the corpora s.	ation's board of directors. I hereby accep	ств арропплен аз	i i e Aisrei e ci
SIGNATURE							
	Signature Typied or printed rasma of registered a		(NOTE: Registered Ag	ent signature requ		DATE	DC 111 10
12.	OFFICERS A	ND DIRECTORS DELET	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TIFLE	SCHWARZMEIER, WILLIBALD						ווטומטעע נייין
NAME	4000 HOMEOTEAN DOAN MONTH		1.2 NAME	1000000			
STREET ADDRESS	LEHIGH ACRES FL		1	ADDRESS			
City-S1-zie	P	DELET	1.4 CYTY - E 2.1 TITLE	51 - ZIF		☐ Change	Addition
NAME	WAGNER, OSKAR		2.2 NAME			- 0	_
STREET ADDRESS	1303 HOMESTEAD ROAD			ADDRESS			
City - ST - 7IP	LEHIGH ACRES FL		2. 4 CITY -				
TIFLE		D£LET				☐ Change	Addition
NAM!			3.2 NAME				
STREET ADDRESS			3.3 STREE	r address			
CITY-ST-ZIP			3.4. CITY-	SI-ZIP			
TITLE		☐ DELET	Ë 4,1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY - ST - 7IP		The ex	4.4 CITY	ST-ZIP		[] AL	A alabida =
TITLÉ		[_] DELET				Change	Addition
NAME			5.2 NAME	LIBBARGO			
STREET ADDRESS				ADDRESS			
CHY-ST-ZIP TITLE		DELET	5.4 CITY+ E 6.1 TITLE	SI~ZIP		☐ Change	Addition
		La Dete	6.2 NAME			Land Colorido	
NAME Chart Lannages				T ADDRESS	•		
STREET ADDRESS			6.4 CITY-				
14 . I do here	L by certify that the information suppli	ied with this filing does not	qualify for the ex-	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatic	on indicated on this annual report or	r supplemental angual repo	ort is true and acc	urate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made ur	nder oath: that
appears	in Block 12 or Block 13 if change,	or on an attachment with a	n adoress.				•
CIONA	rupe. HUUK Chile	150 THIBAI	LAUTER	D CUN	IMATECHIEITET 4-23-9"	7 941-246	1,0000
SIGNAT		OR PRINTED NAME OF SIGNING OF		>	Date	Daytime Phone #	1 10 1
			-				***