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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

MONOGRAM CUSTOM HOMES, INC.

(1)

FILED 97 JUL 11 PM 12: 51

SECRETARY OF STATE

SUITE 9 JACKSONNILLE FL 32216		2120 COMPORATE SOUARE BLVD. SUITE 3 JACKSONVILLE FL 32218-1983				3. Date Incorporated or Qualified 08/26/1992	3a. Date of Last Report 03/29/1996
2. Principal P	Place of Business	2a. Mailing A	ddross	·		4. FEI Number	Applied For
21		26				59-3163512	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	6	City & Sta	ale			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29		Coun	ry		Yes 🔲 No
	9. Name and Address of Curre	nt Registered Age	nt		1 Name	10. Name and Address of New Re	pistered Agent
21 8L	:Manik, John A. 20 Corporate Square Blyd hte 3 .Ck s onville Fl 32216),		8		dress (P.O. Box Number is Not Acceptab	le)
JA	CROUNVILLE FL 32218				4 City		85 Zip Code
·	W				1		#L
office or a agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag					poration submits this statement for the patient's board of directors. Thereby acceptions when reinstating)	the appointment as registered
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP		DELETE	1.1 HTL			☐ Change ☐ Addition
NAME	SEMANIK, JOHN A.			1.2 NAM	f		
STREET ADDRESS	2120 CORP. SQ. BLVD., #3			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1 00.00		- S1 · 7/P	المراجع المراج	
TITLE	SEMANIK, LINDA	L.] DELETE	21 THE	1	400000	2365564-EHAR 9701120009
NAME DOSCO	2120 CORPORATE SQ. BLVI	D #3		2.2 NAM			0.88 ****50.00
STREET MODRESS CITY+SI-ZIP	JACKSONMILLE FL	J. #0			ET ADDRESS		
TITLE	VP		DELETE	2. 4 CH	-ST-ZIP		Change Addition
NAME	SEMANIK, ARNOLD J	_		3 2 NAM			
STREET ADDRESS	2120 CORPORATE SQ BLVD)			FT ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL				· ST· ZIP		
THILE	V		DELETE	4 1 1111			Change Addition
NAME	COGBURN, FAYE A	_		4 2 NAM	IF		
STREET ADDRESS	2120 CORPORATE SQ. BLVI	D.		4 3 \$1R	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218			4.4 CITY	- SI - ZIP		
TITLE] DELETE	5.1 Till (☐ Change ☐ Addition
NAME				5.2 NAM			
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP			1 priese	5.4 CITY			A Dobacco Discourse
TITLE		L.	DELETE	6.1 TITU			Change Addition
NAME				6.2 NAM			KAY N
STREET ADDRESS				63 STHE	ET AUDRESS		[XX]

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 value certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, or on an attachment with an address.

7-7-57