SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V62328** **(2)**

1. Corporation Name
AMERICAN HOLIDAY HOMES, INC.

Principal Place of Business
9030 NW 9TH TERR.
MEDLEY FL 33178
US

Mailing Address
9030 NW 9TH TERR.
MEDLEY FL 33178
US

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 03/22/1994

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

4. FEI Number: 65-0035585 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation was already qualified on or after 1/1/89 under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BAER, JAMES T.
9030 NW 9TH TERR.
MEDLEY FL 33178

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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: Registered Agent (if applicable) — Registered Agent (if applicable) — Date

12. OFFICERS AND DIRECTORS

Title	P
Name	BAER, JAMES T.
Street Address	434 SW 64TH AVE.
City, St, Zip	MIAMI FL
Title	ST
Name	BAER, CAROL
Street Address	434 SW 64TH AVE.
City, St, Zip	MIAMI FL

13. ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately transcribed and does not exceed the compensation stated in Section 119.07(4), 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, or on an attachment with an address.

SIGNATURE: Carol Baer — 6/29/95 — 1-800-645-6638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone

CR2E034 (3/95)

0148240 FP