
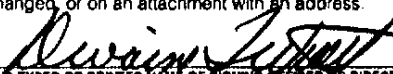


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <b>HOMEQUEST BUILDERS, INC.</b>					
Principal Place of Business <b>101 N. COUNTRY CLUB RD. SUITE 218 LAKE MARY, FL. 32746</b>			Mailing Address <b>101 N. COUNTRY CLUB RD. SUITE 218 LAKE MARY, FL. 32746</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date incorporated or Qualified <b>09/02/1992</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>04/09/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>Applied For</b>	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>29</b>		Zip <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WILLETT, DWAIN L. 101 N. COUNTRY CLUB RD LAKE MARY FL 32746</b>				10. Name and Address of New Registered Agent	
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.				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code	
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>5</b> <b>WILLETT, CYNTHIA</b> <input type="checkbox"/> DELETE			11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>2092 ALAQUA DRIVE</b>			12. NAME		
STREET ADDRESS <b>KENDWOOD, FL.</b>			13. STREET ADDRESS		
CITY - ST - ZIP			14. CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY - ST - ZIP			24. CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY - ST - ZIP			34. CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY - ST - ZIP			44. CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY - ST - ZIP			54. CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY - ST - ZIP			64. 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)(f), 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:  <b>4/30/97</b> <b>402/321/6608</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)