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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001070 (9)

1. Corporation Name

C.U.F.P. HOME CORPORATION



Principal Place of Business

Mailing Address

6252 COMMERCIAL WAY
SPRING HILL FL 34609

6252 COMMERCIAL WAY
SPRING HILL FL 34613-6329

3. Date Incorporated or Qualified
02/26/1996

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

65-0707285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, LARRY J
6645 RIDGE RD
PORT RICHEY FL 34668

81 Name HASLEY, JOHN C.

82 Street Address (P.O. Box Number is Not Acceptable)
9052 BLACKSTONE ST.

83 City SPRING HILL FL 85 Zip Code 34608

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE John C. HASLEY

(NOTE: Registered Agent signature required when reinstating)

DATE 75 Jan 97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME HAND, FRANK
STREET ADDRESS 15086 COPELAND WAY
CITY-ST-ZIP SPRING HILL FL 34609

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV DELETE
NAME EISENHAUER, GEORGE
STREET ADDRESS 13290 JESSICA DR
CITY-ST-ZIP SPRING HILL FL 34609

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS DELETE
NAME LANDETTA, CESAR J
STREET ADDRESS 2189 ORCHARD PARK DR
CITY-ST-ZIP SPRING HILL FL 34608

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME HASLEY, JOHN C
STREET ADDRESS 9052 BLACKSTONE ST
CITY-ST-ZIP SPRING HILL FL 34608

4.1 TITLE DT Change Addition
4.2 NAME NANFRA, MICHAEL
4.3 STREET ADDRESS 4407 DIOR Rd.
4.4 CITY-ST-ZIP SPRING HILL, FL 34609

TITLE D DELETE
NAME MCGIVERN, MICHAEL E
STREET ADDRESS 1395 WINDMILL AVE
CITY-ST-ZIP SPRING HILL FL 34609

5.1 TITLE D Change Addition
5.2 NAME ABRAMI, PETER J.
5.3 STREET ADDRESS 13174 HAZELCREST ST.
5.4 CITY-ST-ZIP SPRING HILL, FL 34609

TITLE D DELETE
NAME DESO, RICHARD W
STREET ADDRESS 8133 CLIPPER CT
CITY-ST-ZIP SPRING HILL FL 34608

6.1 TITLE D Change Addition
6.2 NAME GUSTAFSON, BERNARD J.
6.3 STREET ADDRESS 1349B NEW CASTLE AVE
6.4 CITY-ST-ZIP SPRING HILL FL 34609

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Hand (FRANK) HAND

DATE 31 Jan 97

DAYTIME PHONE # 352-544-0462

CR2E037 (9/96)