

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 545241 (2)

95 FEB 10 AM 11:45

UNIPROP HOMES INC.

Principal Place of Business: 280 DAINES ST., STE. 300 BIRMINGHAM MI 48009
Mailing Address: 280 DAINES ST., STE. 300 BIRMINGHAM MI 48009

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/12/1977		03/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		38-2182365		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		<input type="checkbox"/>	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MILTON RINES
15235 TAMiami TR.
FT MYERS FL 33908

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 607.0509, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOTOFF, PAUL M	1.2 NAME	
STREET ADDRESS	280 DAINES ST #300	1.3 STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM MI	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, STEVEN P.	2.2 NAME	
STREET ADDRESS	280 DAINES ST #300	2.3 STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM MI	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOTOFF, PAUL M.	3.2 NAME	
STREET ADDRESS	280 DAINES STREET #300	3.3 STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM FL	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, GLORIA K	4.2 NAME	KOSTER, GLORIA
STREET ADDRESS	280 DAINES ST. #300	4.3 STREET ADDRESS	280 DAINES ST., #300
CITY- ST- ZIP	BIRMINGHAM MI	4.4 CITY- ST- ZIP	BIRMINGHAM MI 48009
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information furnished and filed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: STEVEN P. ADLER
SIGNATURE OF REGISTERED AGENT OR REGISTERED OFFICER OR DIRECTOR

1/27/95 (810)645-9220
DATE (Telephone Number)