

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L73575 (7)**  
1. Corporation Name  
**OLIVIA HOMES CORP.**



Principal Place of Business Mailing Address  
**C/O JOSHUA A. MUSS**  
**11781 LEE JACKSON MEMORIAL HWY. STE 320**  
**FAIRFAX VA 22033**

3. Date Incorporated or Qualified **05/17/1990** 3a. Date of Last Report **04/28/1995**  
4. FEI Number **65-0200643** 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

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 25 29 30

9. Name and Address of Current Registered Agent  
**MUSS JOSHUA A**  
**8311 BOB-O-LINK DR**  
**W PALM BCH FL 33412**

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 officer 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 \_\_\_\_\_ (Signature typed or printed name of registered agent, if not applicable) (NOTE: Registered Agent signature required when restating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **DP MUSS, JOSHUA A.**  
STREET ADDRESS **8311 BOB-O-LINK DR**  
CITY-ST-ZIP **W PALM BCH FL**  
TITLE  DELETE  
NAME **ST DENNEN, MARVIN**  
STREET ADDRESS **11781 LEE JACKSON MEM HWY**  
CITY-ST-ZIP **FAIRFAX VA**  
TITLE  DELETE  
NAME **VP ISAKSON, ROBERT**  
STREET ADDRESS **8000 IRONSHORE BLVD**  
CITY-ST-ZIP **W PALM BCH FL**  
TITLE  DELETE  
NAME **VP ADAMS, VINCENT F.**  
STREET ADDRESS **8357 DAMASCUS DR.**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12  
1.1 TITLE **D Ch. Board**  Change  Addition  
1.2 NAME **Muss, Joshua A.**  
1.3 STREET ADDRESS **8311 Bob-O-Link Drive**  
1.4 CITY-ST-ZIP **West Palm Beach, FL 33412**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE **President**  Change  Addition  
4.2 NAME **Adams, Vincent F.**  
4.3 STREET ADDRESS **8357 Damascus Drive**  
4.4 CITY-ST-ZIP **Palm Beach Gardens, FL**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied 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 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, unchanged or with an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Marvin L. Dennen, Secretary/Treasurer**

3/26/96 703-591-1881  
E-mail Daytime Phone

CR2E034 (12/95)