

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P11110 (4)
1. Corporation Name
ADVANCE HOMES INC.



Principal Place of Business
4215 E. 60TH STREET DAVENPORT IA 52807

Mailing Address
4215 E. 60TH STREET DAVENPORT IA 52807-8733

3. Date Incorporated or Qualified
08/06/1986

3a. Date of Last Report
02/05/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 42-0794211	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
25	Country	30	Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WINESETT, ROBERT A. 2248 FIRST STREET FORT MYERS FL 33901				81	Name R. SCOTT BARKER		
				82	Street Address (P.O. Box Number is Not Acceptable) 12699 New Brittany Blvd.		
				83			
				84	City Ft. Myers	85	Zip Code FL 33907

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **04.03.97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PST	<input type="checkbox"/>	DELETE	1.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	SEITZ, ALLEN V.			1.2 NAME				
STREET ADDRESS	4305 SQUIRE DRIVE			1.3 STREET ADDRESS				
CITY-ST-ZIP	BETTENDORF IA			1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/>	DELETE	2.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	SEITZ, ALLEN V.			2.2 NAME				
STREET ADDRESS	4305 SQUIRE DRIVE			2.3 STREET ADDRESS				
CITY-ST-ZIP	BETTENDORF IA			2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/>	DELETE	3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	WETZEL, BRUCE			3.2 NAME				
STREET ADDRESS	2135 NICHOLAS COURT			3.3 STREET ADDRESS				
CITY-ST-ZIP	BETTENDORF IA			3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/>	DELETE	4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	SEITZ, A. JEFFREY			4.2 NAME				
STREET ADDRESS	1705 SUSAN COURT			4.3 STREET ADDRESS				
CITY-ST-ZIP	BETTENDORF IA			4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/>	DELETE	5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
NAME	SEITZ, VELMA L.			5.2 NAME				
STREET ADDRESS	4305 SQUIRE DRIVE			5.3 STREET ADDRESS				
CITY-ST-ZIP	BETTENDORF IA			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/>	DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-7-97 319-359-0307**

CR2E034 (9/96)