FILE NOVA: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPOR/ATION Sandra B. Mortham ANNUAL, REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 583043 (5) L & G BUILDERS INC. Principal Place of Business Mailing Address 1933 DIPLOMAT PKWY. 1333 DIPLOMAT PKWY. HOLLYWOOD FL 33019-2215 HOLLYWOOD FL 33019-2215 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1978 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1935363 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year intangible 12 Yes Personal Property Tax due June 30. 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GALIANO, SANDRA Name 1333 DIPLOMAT PKWY. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 City 85 Zip Code 11. Pursuant to the provisions of Socions 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, Socion 607.0505, Florida Statutes. **SIGNATURE** Signature, lyped or procted curve of toge-food agent and late if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE GALIANO, SANDRA 1.2 NAME NAME 1333 DIPLOMAT PKWY STREET ADORESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change __ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition

6.2 NAME

14. Thereby 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 suppliemental 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

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

officer or director of the corporation of the receiver or trustee unipowers Block 12 or Block 13 if changed or ou an attachment with an address.

2-1-98

305) 945-2029