

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726016 (9)

1. Corporation Name
CENTRAL FLORIDA CHAPTER ASSOCIATED BUILDERS AND CONTRACTORS INC



Principal Place of Business 450 N WYMORE ROAD WINTER PARK FL 32789-2882	Mailing Address 450 N WYMORE ROAD WINTER PARK FL 32789-2882
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1973	3a. Date of Last Report 05/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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4. FEI Number 59-1447179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WYLIE, MARK P.
 654 CAYUGA DRIVE
 WINTER SPGS. FL 32708**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Mark P. Wylie* **MARK P. WYLIE** DATE **7-21-97**

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIR, WILLIAM C	
STREET ADDRESS	4001 FORSYTH RD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEATING, TIMOTHY M.	
STREET ADDRESS	3333 LAWRENCE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KREISLER, GARY	
STREET ADDRESS	201 S. ORANGE AVE. SUITE 730	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DWYER, TIMOTHY J	
STREET ADDRESS	900 WINDERLEY PLACE SUITE 250	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSO, MICHAEL C	
STREET ADDRESS	1031 W MORSE BLVD STE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEASLEY, DAVID M	
STREET ADDRESS	430 W DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD KEATING, TIMOTHY M.
2.3 STREET ADDRESS	3333 LAWRENCE ST.
2.4 CITY-ST-ZIP	ORLANDO, FL 32855
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T FRANK CRADDOCK
3.3 STREET ADDRESS	541 SOUTH ORLANDO AVE., STE 310
3.4 CITY-ST-ZIP	MAITLAND, FL 32751
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP DWYER, TIMOTHY J.
4.3 STREET ADDRESS	900 WINDERLEY PLACE STE 250
4.4 CITY-ST-ZIP	MAITLAND, FL 32751
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S BEASLEY, DAVID M.
6.3 STREET ADDRESS	430 WEST DR.
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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 an attachment with an address.

Mark P. Wylie
 SIGNATURE OF REGISTERED AGENT

CR2E037 (4/97)