

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G51424 (1)**

1. Corporation Name

BUILDER'S SUPPLY STORE OF CAPE CANAVERAL, INC.



Principal Place of Business

200 W. CENTRAL BLVD
CAPE CANAVERAL FL 32920-0598

Mailing Address

200 W. CENTRAL BLVD
CAPE CANAVERAL FL 32920-0598

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

SCOTT, JOSEPH W.
707 MULLET AVE., #203
PO BOX 1283
PT. CANAVERAL FL 32920

3. Date Incorporated or Qualified
07/26/1983

3a. Date of Last Report
02/20/1995

4. FEI Number
59-2311687

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

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 607.06(6) and 607.17(6), Florida Statutes, this 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 607.06(6), Florida Statutes.

SIGNATURE

Name of Registered Agent (Type in full name)

Name of New Registered Agent (Type in full name)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	P NASAJPOUR, AHMAD	<input type="checkbox"/> DELETE
2. STREET ADDRESS	1140 HORIZON CT.	
3. CITY & STATE	MERRITT ISLAND FL	
4. ZIP	VST	<input type="checkbox"/> DELETE
5. NAME	NASAJPOUR, ABULGHASEM	
6. STREET ADDRESS	440 POLK AVENUE.	
7. CITY & STATE	CAPE CANAVERAL FL 32920	
8. ZIP		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY & STATE		
12. ZIP		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY & STATE		
16. ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	
7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ZIP	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	
11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	
15. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. 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 199.07(5)(f), Florida Statutes. I further certify that the information and the true and correct 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 this 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. I change or cancel attachment with an address.

SIGNATURE: *Abulghasem*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABULGHASEM
NASAJPOUR,
V.P.

1-17-96 407-784-1450

CR2E034 (12/95)