

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: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

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

9. Name and Address of Current Registered Agent

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

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

Signature of Registered Agent

Signature of New Agent

DATE

12. OFFICERS AND DIRECTORS

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

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. 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)