

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

APPROVED  
AND  
FILED

1

PROFIT CORPORATION ANNUAL REPORT 1998



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

98 AUG 26 PM 3:35

DOCUMENT # **651424**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name: **Builders Supply Store Of Cape Canaveral**  
**200 W. Central Blvd**  
**Cape Canaveral, Fl 32920-0598**

Principal Place of Business: **CAPE CANAVERAL, FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For Not Applicable	
21 <b>CAPE CANAVERAL, FL</b>		26 <b>200 W. CENTRAL BLVD</b>		7/26/83		59-2311687			
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required			
23 Zip		28 Zip		29 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		25		29		30		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT, JOSEPH W. 707 MULLET AVE, . #203 PO BOX 1283 PORT CANAVERAL, FL 32920				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Registered Agent signature required when reinstating) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASAJPOUR, AHMAD	12 NAME	
STREET ADDRESS	1140 HORIZON CT.	13 STREET ADDRESS	700002627987-0
CITY-ST-ZIP	MERRITT ISLAND, FL	14 CITY-ST-ZIP	-08/28/98--01080--005
TITLE	V.P. <input type="checkbox"/> DELETE	21 TITLE	****150.00 ****150.00
NAME	NASAJPOUR, ABULGHASEM	22 NAME	
STREET ADDRESS	440 POLK AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 my name is present with an address.

SIGNATURE: *Abulghasem Nasajpour* 8/20/98 (407) 784-1450

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)

②

**BUILDER'S SUPPLY STORE  
OF CAPE CANAVERAL, INC.**

200 West Central Boulevard  
Cape Canaveral, Florida 32920  
407-784-1450

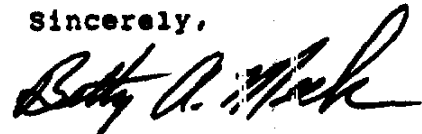
July 3, 1998

To Whom It May Concern:

We would appreciate it if you would reconsider charging the \$400.00 late fee. I didn't start here until April and evidently the bookkeeper before me had never paid the Annual Corporate Report Fee that she should have received in January. The owners were totally unaware until they received the late notice. If they had known of her incompetence with paying bills sooner they would have fired her sooner. They are now finding out the other mistakes she had made. This company has been in business for over 20 years and has always paid their bills on time. This bookkeeper has done a lot to damage that reputation.

Thank you for your help and understanding in this matter.

Sincerely,



Betty A. Meek  
Bookkeeper

*Mailed July 3, 1998 - returned July 17, 1998.  
Remailed using this letter July 17, 1998*