

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H55333 (9)
 1. Corporation Name
DANBURY BUILDINGS, INC.



Principal Place of Business % PAUL VANCE, CUMMINGS & LOCKWOOD 10 STAMFORD FORUM STAMFORD CT 06904	Mailing Address % PAUL VANCE, CUMMINGS & LOCKWOOD 10 STAMFORD FORUM STAMFORD CT 06901-3240
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3. Date Incorporated or Qualified 05/06/1985	3a. Date of Last Report 04/25/1996
4. FEI Number 93-0950321	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**JOHNSTON, SHEPHERD D.
 220 CONGRESS PARK DR.
 SUITE 215
 DELRAY BCH. FL 33445**

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MANN, HUGO
STREET ADDRESS	200 S VIRGINIA ST #530
CITY-ST-ZIP	RENO NV
TITLE	D <input type="checkbox"/> DELETE
NAME	MANN, JOHANNES
STREET ADDRESS	200 S VIRGINIA ST #530
CITY-ST-ZIP	RENO NV
TITLE	PVC <input type="checkbox"/> DELETE
NAME	JOHNSTON, SHEPHERD D.
STREET ADDRESS	200 S VIRGINIA ST #530
CITY-ST-ZIP	RENO NV
TITLE	SVT <input type="checkbox"/> DELETE
NAME	SPEAR, JOHN M.
STREET ADDRESS	200 S VIRGINIA ST #530
CITY-ST-ZIP	RENO NV
TITLE	D <input type="checkbox"/> DELETE
NAME	KEATING, MELVIN L
STREET ADDRESS	5509 N MILTRAY TRAIL STE 516
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FIRNGES, HANS H.
STREET ADDRESS	200 S VIRGINIA ST #530
CITY-ST-ZIP	RENO NV

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
1.2 NAME	Detlev Staecker
1.3 STREET ADDRESS	201 Cranlon Blvd, #444
1.4 CITY-ST-ZIP	Key Biscayne, Miami FL 33149
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
2.2 NAME	Peter Linneman
2.3 STREET ADDRESS	233 South Sixth St, #801
2.4 CITY-ST-ZIP	Philadelphia, PA 19106
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
3.2 NAME	Stephen T. Falvey
3.3 STREET ADDRESS	200 S Virginia St, #530
3.4 CITY-ST-ZIP	Reno, NV 89501
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ **2-7-97**

CR2E034 (9/96)