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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M80267

(1)

FILED Jan 15 1998 8:00am Secretary of State

WEST FLORIDA BUILDERS NOTICE, INC. Principal Place of Business Mailing Address 9330 E FERRIS CT P.O BOX 854 FLORAL CITY FL 34436 FLORAL CITY FL 34436 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2898693 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BORNSTEIN, ROGER L. 9330 E FERRIS CT Street Address (P.O. Box Number is Not Acceptable) FLORAL CITY FL 34436 83 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME BORNSTEIN, CHRISTINE A. 1.2 NAME CR2E034 9330 E FERRIS CT STREET ADDRESS 1.3 STREET ADDRESS FLORAL CITY FL CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE BORNSTEIN, ROGER L NAME 2.2 NAME 9330 E FERRIS CT STREET ADDRESS 2.3 STREET ADDRESS FLORAL CITY FL CITY - ST - ZIP 2. 4 CMY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIT? E 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE δ.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY - ST - ZIP 6.4 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 truske 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:

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