

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000074936 (3)

1. Corporation Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO - M.L., INC.



Principal Place of Business

7601 WESTPOINTE BLVD.
ORLANDO FL 32835

Mailing Address

7601 WESTPOINTE BLVD.
ORLANDO FL 32835

3. Date Incorporated or Qualified
10/11/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~8933~~ 8933 S. Apopka-

26 8933 S. Apopka-

4. FEI Number
59-3283010

Applied For Not Applicable

22 Vineland Road

27 Vineland Rd

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23 ORLANDO, FLORIDA

28 Orlando, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

City

24 32836

25 USA

29 32836

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

31 ~~KOHN, DAVID~~
32 ~~8933 S. Apopka Vineland Road~~
33 ~~8933 S. Apopka Vineland Road~~
34 City Orlando FL 85 Zip Code 32836

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the authorized 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 or authorized agent

Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUERON, DAN	
STREET ADDRESS	7601 WESTPOINTE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHIFF, AKIVA	
STREET ADDRESS	7601 WESTPOINTE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KOHN, DAVID	
STREET ADDRESS	7601 WESTPOINTE BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached page with an address.

SIGNATURE: DAVID KOHN
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

407-578-6156

CR2E034 (12/95)