

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Sep 04 1996 8:00 am
Secretary of State

DOCUMENT # **P95000019703**
1. Corporation Name
OWNER BUILDER ALLIANCE, INC.

MIAMI, FLORIDA

Principal Place of Business Mailing Address
**10999 PROSPERITY FARMS ROAD (SAME)
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **SAME**
22 City & State 27 City & State
23 **Palm Beach Gardens FL** 28
24 Zip **33410** 25 Country **USA** 29 Zip 30 Country

3. Date Incorporated or Qualified **MARCH 10, 1995** 3a. Date of Last Report
4. FEI Number **605-0665266** 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

10. Name and Address of New Registered Agent

**ED ROBY.
10999 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL
33410.**

81 Name **ED ROBY.**
82 Street Address (P.O. Box Number is Not Acceptable) **10999 PROSPERITY FARMS ROAD.**
83
84 **PALM BEACH** FL 85 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 *Cl F Roby* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	BOARD PRESIDENT <input type="checkbox"/> DELETE
NAME	ED ROBY.
STREET ADDRESS	10999 Prosperity Farms Road
CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	V. PRESIDENT <input type="checkbox"/> DELETE
NAME	GORDON NELSON.
STREET ADDRESS	10999 Prosperity Farms Road.
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	SHAREHOLDER <input checked="" type="checkbox"/> DELETE
NAME	KRISTINE ROBY.
STREET ADDRESS	10999 Prosperity Farms Road.
CITY-ST-ZIP	Palm Beach Gardens, FL 33410.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MWB
2.3 STREET ADDRESS	9-13-96
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	20000197502
4.3 STREET ADDRESS	-10/15/96--0127--018
4.4 CITY-ST-ZIP	****225.00 ****225.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cl F Roby* **ED. ROBY** **8-30-96** **624-9753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
941-484-7400

CFR2034 (12/95)