

**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		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		<b>MARCH 10, 1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		<b>605-0665266</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 <b>Palm Beach Gardens FL</b>		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>33410</b>	25 <b>USA</b>	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ED ROBY. 10999 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410.</b>				81 Name	<b>ED ROBY.</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>10999 PROSPERITY FARMS ROAD.</b>		
				83			
				84 City	<b>PALM BEACH</b>	85 State	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>BOARD PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ED ROBY.</b>	1.2 NAME	
STREET ADDRESS	<b>10999 Prosperity Farms Road</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Palm Beach Gardens FL 33410</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V. PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON NELSON.</b>	2.2 NAME	
STREET ADDRESS	<b>10999 Prosperity Farms Road.</b>	2.3 STREET ADDRESS	<b>MWB</b>
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	2.4 CITY-ST-ZIP	<b>9-13-96</b>
TITLE	<b>SHAREHOLDER</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRISTINE ROBY</b>	3.2 NAME	
STREET ADDRESS	<b>10999 Prosperity Farms Road.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410.</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>20000197502-2</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-10/15/96--0127--018</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>****225.00 ****225.00</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* Date: **8-30-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
541  
624-9753  
441-484-7400

CFR2034 (12/95)