

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997 & 1998



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

FILED
 98 OCT 27 AM 11:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000019703 (4)
 1. Corporation Name
 OWNER-BUILDER-ALLIANCE, INC.



REINSTATEMENT 97-98

DO NOT WRITE IN THIS SPACE

Principal Place of Business
 10999 PROSPERITY FARMS ROAD
 PALM BEACH GARDENS FL 33410

Mailing Address
 10999 PROSPERITY FARMS ROAD
 PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified 03/10/1995	3a. Date of Last Report 09/04/1996
4. FEI Number 65-0665266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 8386 COCONUT BL. Suite, Apt. #, etc. 22	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27
City & State 23 WPR, FL, 33412	City & State 28
Zip 24 33412	Country 25 PB
Zip 29	Country 30

9. Name and Address of Current Registered Agent
 ROBY, ED
 10999 PROSPERITY FARMS RD
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
 81 Name Roby, Ed
 82 Street Address (P.O. Box Number is Not Acceptable) 8386 COCONUT BL.
 84 City WPR, FL 85 Zip Code 33412

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: Ed Roby 10-21-98
 Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	ROBY, EDWARD F	
STREET ADDRESS	10999 PROSPERITY FARMS ROAD	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input checked="" type="checkbox"/>
NAME	NELSON, GORDON	
STREET ADDRESS	10999 PROSPERITY FARMS RD	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Roby, Edward		
1.3 STREET ADDRESS	8386 COCONUT BL		
1.4 CITY - ST - ZIP	ROYAL PALM BEACH FL 33412		
2.1 TITLE	V.P.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Gordon Nelson		
2.3 STREET ADDRESS	8386 COCONUT BL.		
2.4 CITY - ST - ZIP	ROYAL PALM BEACH FL 33412		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	5000026768	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	-10/30/98--01057--021		
4.3 STREET ADDRESS	***908.75		
4.4 CITY - ST - ZIP	***908.75		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Ed Roby 10-21-98

CR2E034 (4/97)