FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051169 (7) THÁCA BUILDERS, INC.

FILED May 16 1997 8:00am Secretary of State

A CHARLAND BAN ANTALA COLL AND A CARRANTE COLL AND A CARRATTE COLL

Principal Place of Business 121 SW 85 TERR PEMBROKE PINES FL 33025 3. Date Incorporated or Qualitied 3a. Date of Lest Report 06/28/1995 07/08/1996 07/0
Special Composition of Sections 607 05/29 and 607.1508, Florids Statutes ### Description of Sections 607 05/29 and 607.1508, Florids Statutes. The registered agent or both; in the State of Hierarch Such change was authorized by the carporation submitts this statement for the purpose of changing its registered of flores. Such change was authorized by the carporations board of directors. Thereby accept the appointment as registered office or registered agent or both; in the State of Hierarch Such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office or registered agent or both; in the State of Hierarch Such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office or registered agent or both; in the State of Hierarch Such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office or registered agent or both; in the State of Hierarch Such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office or registered agent or both; in the State of Hierarch Such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office or registered agent or both; in the State of Hierarch Such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office, or the Park of the purpose of changing its state the such change was authorized by the carporation's board of directors. Thereby accept the appointment as registered office or registered agent. Or both, in the State Change was authorized by the carporation's board of directors. Thereby accept the appointment as registered agent. Or the purpose of changing its state than the such change with the remained when terminating.
3. Date Incorporator of Qualified Sa. Date of Last Report O6/28/1995
2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied Eq.
2. Principal Place of Business 2a. Mailing Address 2a. Maili
Suite, Apt. #, etc.
Suite, Apt. #, etc.
Suite, Apt. #, etc.
23 25 7th 3 7t
Trust Fund Contribution
P. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 697 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent ag
9. Name and Address of Current Registered Agent MCGONIGLE, JAMES T 6221 BANYAN TERRACE PLANTATION FL 33317 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. 84 City 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title dispricable. (NOTE things level Agent signature required with required interview required with required interview required in the proview required interview required in the required interview required in the required i
MCGONIGLE, JAMES T 8221 BANYAN TERRACE PLANTATION FL 33317 83 City FL 85 City FL 86 City FL 85 City FL 86 City FL 87 City FL 86 Ci
Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City ### City ### City ### City ### City ### Addition ### Street Address (P.O. Box Number is Not Acceptable) ### City ### City ### City ### Addition ### Street Address (P.O. Box Number is Not Acceptable) ### City ### City ### City ### Addition
PLANTATION FL 33317 83 City FL 85 City FL 85 Zip Codo 11, Pursuant to the provisions of Sections 607 (602 and 607.1508, Florida Statutos, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignature, typed or printed name of registered agent sted title it appricable (NOII : flegiskined Agent signature required where reinstating) DAIL 12. OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 18 TITLE BORCYK, BRENDAN 12 NAME STREET ADDRESS City-S1-ZIP PEMBROKE PINES FL 33025 14 City-S1-ZIP DELETE 2 NAME STREET ADDRESS City-S1-ZIP Change Addition Addition Addition STREET ADDRESS City-S1-ZIP DELETE 2 STREET ADDRESS City-S1-ZIP
B83 City FL B5 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. Thereby accept the appointment as registered agent, agent, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typed or printed name of registered agent and title it approate. (NOTE: flegiskered Agent signature required when reinstating) DATE 12.
11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08, Florida Statutos, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DATE Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 18. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE Change Addition NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 29. NAME 29. NAME 29. NAME 29. NAME 29. STREET ADDRESS CITY- ST-ZIP Change Addition
SIGNATURE Signature, typed or printed name of registered agent and letted approache (NOTH flegislature required when reinstating) 12. OFFICERS AND DIRECTORS TIPLE NAME BORCYK, BRENDAN STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE DELETE DELETE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 2 I ITILE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP DELETE 2 I ITILE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP 3 I ITILE STREET ADDRESS CITY-ST-ZIP
SIGNATURE Signature, typed or printed name of registered agent and letted approache (NOTH flegislature required when reinstating) 12. OFFICERS AND DIRECTORS TIPLE NAME BORCYK, BRENDAN STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE DELETE DELETE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 2 I ITILE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP DELETE 2 I ITILE DELETE 2 I ITILE STREET ADDRESS CITY-ST-ZIP 3 I ITILE STREET ADDRESS CITY-ST-ZIP
SIGNATURE Signature, typed or printed name of registered agent and entered agent agent and entered agent agent and entered agent and entered agent agent agent and entered agent age
Signature, typed or printed name of registered agent and title if all graculation. (NOTE Tregistered Agent signature required where reinstating) DATE
TITLE
NAME
1211 SW 85 TERR
CITY-ST-ZIP PEMBROKE PINES FL 33025 18 CITY-S1-ZIP
Title DELETE 2 pillet Change Addition NAME 2 P NAME .STREET ADDRESS 2 b STREET ADDRESS CITY-ST-ZIP 2-4 CHY-S1-ZIP
NAME 2 P NAME .STREET ADDRESS 2 B STREET ADDRESS CITY-ST-ZIP 2-4 CHY-S1-ZIP
STREET ADDRESS 2 D STREET ADDRESS CITY - ST - ZIP
Cjty-S1-ZIP 2.4 CHY-S1-ZIP
Channe 1
TITLE DELETE
NAME 3.P. NAME
STREET ADDRESS 3B STREET ADDRESS
CITY-ST-ZIP
TITLE LI Change LI Addition
STREET ADDRESS 43 STREET ADDRESS
CITY-\$T-ZIP
NAME 52 NAME
1 2248008 144972 g a 2 48008 g a 2 48008 144972 g a 2 48008 144072 g a 2 48008 144072 g a 2 48008 144072 g a 2 48008 4 48008 g a 2 48008 g a 2 48008 4 48008 g a 2 48
STREET ADDRESS 63 STREET ADDRESS 64 CHV, ST. 219
CITY-ST-ZIP 54 CITY-ST-ZIP
CHTY-ST-ZIP 5# CHTY-S1-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. 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 oppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or anged, or on an attachment with a address.