

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000035706 (6)

1. Corporation Name
PEOPLE BUILDERS, INC.



Principal Place of Business
2710 ALTERNATE 19 N. SUITE 403
PALM HARBOR FL 34633

Mailing Address
2710 ALTERNATE 19 N. SUITE 403
PALM HARBOR FL 34683-2654

3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report
4. FEI Number 59-3379644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 2706 Alt. 19 N., Ste. 310 Suite, Apt. #, etc.	26. 2706 Alt. 19 N., Ste. 310 Suite, Apt. #, etc.
22. Palm Harbor, FL City & State	27. Palm Harbor, FL City & State
23. 34683 Zip Pinellas Country	28. 34683 Zip Pinellas Country
24. 34683 Zip Pinellas Country	29. 34683 Zip Pinellas Country

9. Name and Address of Current Registered Agent DALEY, TIMOTHY N 2710 ALTERNATE 19 N, SUITE 403 PALM HARBOR FL 34633		10. Name and Address of New Registered Agent	
81. Name Daley, Timothy N.	82. Street Address (P.O. Box Number is Not Acceptable) 2706 Alt. 19 N., Ste. 310	83.	84. City Palm Harbor
			85. State FL
			Zip Code 34683

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUONOMO, THOMAS R		1.2 NAME	
STREET ADDRESS P O BOX 14922 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34629		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALEY, TIMOTHY N		2.2 NAME	
STREET ADDRESS 1419 INDIAN TRAIL S		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: **Timothy N. Daley, Ph.D.** **04/29/97** (813) 789-6476
DATE Daytime Phone #

CR2E034 (9/96)