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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # M248 ° n Name MASTER BUILDERS, INC.		(9)									
Principal Place of Business 4119 N STATE RD SEVEN \$1028 FT. LAUDERDALE FL 33319			Mailing Address 4119 N STATE RD SEVEN S1028 FT. LAUDERDALE FL 33319-4826				1			. Dieli Eleli elek		
							Date Incorporated or Qualified 3a. Date of Last Report					ı
							ا.	12/19/1985		/17/1 996	ероп	
2. Principal Place of Business			. Mailing Address			4.	FEI Number 59-2623281		Ar	oplied For		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 Additional Fee Required		
City & State			City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country Zip 25 29				Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You				
	9. Name and Address of Cur	rent Regi	stered Agent		81		10.	Name and Address of New Re	gistered	Agent		1
520	JER, PHILIP A. 9 NE 3 TERRACE LAUDERDALE FL 33334				82 83		ess (P	.O. Box Number is Not Acceptat	ole)			
11. Pursuant	to the provisions of Sections 607.0	0502 and (607.1508, Florida Statut	tes, the a	bovo	City c-named corp	oratio	n submits this statement for the p	FL ourpose	of changing it	Code ts registered	
agent. I a	registered agent, or both, in the Stammiliar with, and accept the ob-	ate of Flor digalions o	ida. Such change was a of, Section 607.0505, Fl	authorize orida Sta	tutes	the corporati	ion's b	loard of directors. I hereby acce	ot the ap	pointment as	registered	
SIGNATURE	Signature, typed or printed name of registered	agent and till	le it applicable. (NOT	H: Hegistore	d Age	on: signature require	ed when	reinstating)	DATE			١.
12.	OFFICERS AND DIRECTORS		13.	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN			900	
TITLE	P		☐ DELETE	111	TLE	ļ				Change	Addition	Įè
NAME	SAUER, PHILIP, A	1)		12 N	2 NAME							18
STREET ADDRESS	5209 NE 3 TERR		135	THEFT	ADDRESS						إإ	
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 C	1.4 CiTY - \$1 - ZiP							[ရို
TITLE	, <u>v</u>		☐ DELETE	2.1 TO LE						☐ Change	Addition	C
NAME			22N	AME								
STREET ADDRESS 5209 NE 3RD TERRACE			2.3 S	2.3 STREET ADDRESS								
CITY-ST-ZIP FT. LAUDERDALE FL				2.40	ST-ZIP		;					
TITLE			☐ DELETE	3.1 T	TLE					Change	Addition	1
NAME				3.2 N	AME							l

6.4 CHY-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. 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

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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4 1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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DELETE

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FILED

May 01 1997 8:00am

Secretary of State