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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711325					
1. Corporation Name BUILDERS ASSOCIATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 15225 N W 77 AVE MIAMI LAKES FL 33014			Mailing Address 15225 N W 77 AVE MIAMI LAKES FL 33014		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/10/1966 4. FEI Number 59-0525914 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	
9. Name and Address of Current Registered Agent MAXWELL, LISA 15225 NW 77TH AVE MIAMI FL 33014			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.06(3) Florida Statutes. SIGNATURE <i>[Signature]</i> 2-22-99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME MAXWELL, LISA STREET ADDRESS 15225 NW 77TH AVE CITY-ST-ZIP MIAMI FL 33014 TITLE D <input checked="" type="checkbox"/> DELETE NAME FELS, JON STREET ADDRESS 255 ALHAMBRA CIRCLE CITY-ST-ZIP CORAL GABLES FL 33134 TITLE D <input type="checkbox"/> DELETE NAME PALAZZOLO, VINCE STREET ADDRESS 200 E BROWARD BLVD STE 2000 CITY-ST-ZIP FT. LAUDERDALE FL 33301 TITLE D <input checked="" type="checkbox"/> DELETE NAME KLEINMAN, DENNIS STREET ADDRESS 19495 BISCAYNE BLVD STE 409 CITY-ST-ZIP AVENTURA FL 33180 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MAXWELL, LISA 1.3 STREET ADDRESS 15225 NW 77TH AVE 1.4 CITY-ST-ZIP MIAMI FL 33014 2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME JIM WOLFE 2.3 STREET ADDRESS 200 S. BISCAYNE BLVD STE 3900 2.4 CITY-ST-ZIP MIAMI FL 33131 3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME HAL EISENACHER 3.3 STREET ADDRESS 9350 SUNSET DRIVE STE 100 3.4 CITY-ST-ZIP MIAMI FL 33143 4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME FRANK ROBLES 4.3 STREET ADDRESS 11030 N KENDALL DR. STE 100 4.4 CITY-ST-ZIP MIAMI FL 33146 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

954-325-8225

Daytime Phone #

CR2E037 (1/98)