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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90096 032 ***150.00

288288 - 90096 - 32

-1		į
	DOCUMENT # P98000038703 1. Corporation Name	
	Advantage Builders of America, Inc.	•
ŀ	Principal Place of Business . Mailing Address	

Principal Place of Business 6338 Presidential Ct., 6338 Presidential Ct., Suite 105 Fort Myers, FL 33919 Mailing Address 6338 Presidential Ct., 500 NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/27/98	
6338 Presidential Ct., 6338 Presidential Ct., Suite 105 DO NOT WRITE IN THIS SPACE Fort Myers, FL 33919 Fort Myers, FL 33919 3. Date incorporated or Qualified	
Suite 105 Suite 105 DO NOT WRITE IN THIS SPACE Fort Myers, FL 33919 J. Date Incorporated or Qualified 3. Date Incorporated or Qualified	
Fort Myers, FL 33919 Fort Myers, FL 33919 3. Date incorporated or Qualified	
	E
04/27/30	:
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
12651 Metro Parkway 26 12651 Metro Parkway 65 083655	Not Applicable
E Contingto of Statue Decired	.75 Additional
22 Suite 2 27 Suite 2 Fe	ee Required
	.00 May Be
23 FOIC MYCLS, Th	ded to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	_
[24] JJJ12 [25] JJJ12 [30] [4.66.66.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	3 LINU
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
Steven J. Magner	
18265 Columbine Road 82 Street Address (P.O. Box Number is Not Acceptable)	ļ
Fort Myers, FL 33912	
V3	
84 City F1 85	Zip Code
A Description of Costings 507.0502 and 507.1509 Elevido Statutos, the above gamed connection submits this statement for the number of Changing	na 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 agent. I am lamiliar with and accept the obligations of, Section 607.0505, Florida Statutes.	as registered
	1
SIGNATURE Standard by Dead or priored name of requistered scent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
SIGNATURE Signature, typed or prigred name of registered igent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Signature, typed or prigned name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ECTORS IN 12
Signature, typed of prigoded name of registered figent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFI	ECTORS IN 12
Signature, typed of proped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTLE D Characteristics C	ECTORS IN 12
Signature, typed of project name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME Steven J. Magner 1.2 NAME	ECTORS IN 12 ange
Signature, typed of project name of registered figent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME Steven J. Magner STREET ADDRESS 18 26 5 Columbine Road 13. STREET ADDRESS 12. NAME 12. NAME STREET ADDRESS 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TITLE 16. TITLE 17. NAME STREET ADDRESS 18. STREET ADDRESS 18. STREET ADDRESS 18. STREET ADDRESS	ECTORS IN 12 ange
Signature, typed of proped name of registered figent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE NAME Steven J. Magner 1.2 NAME STREET ADDRESS 18 26 5 Columbine Road 1.3 STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33912 14 CITY-ST-ZIP	ECTORS IN 12 ange
Signature, typed of proposed name of registered figent and wite if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE D NAME Steven J. Magner STREET ADDRESS 18 26 5 Columbine Road CITY-ST-ZIP Fort Myers, FL 33912 DELETE DELETE 1.1 TITLE Character Address 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE Character Agents signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Character Agents signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.2 NAME STREET ADDRESS 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Character Agents signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Character Agents signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Character Agents signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE Character Agents signature required when reinstating)	ECTORS IN 12 ange
Signature, typed of prighted name of registered figent and wite if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE Delete 1.1 TITLE NAME Steven J. Magner 1.2 NAME STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33912 14 CITY-ST-ZIP TITLE DELETE 2.1 TITLE -NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	ECTORS IN 12 ange
Signature, typed of prigoded name of registered figent and wile if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE D NAME Steven J. Magner 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33912 114 CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS	ECTORS IN 12 ange
Signature, typed of prigoded name of registered figent and wile if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE D NAME Steven J. Magner 1.2 NAME STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33912 14 CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP	ECTORS IN 12 ange
Signature, typed of prigoded name of registered figent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE Delete 1.1 TITLE NAME Steven J. Magner 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 1.1 TITLE Change C	ECTORS IN 12 ange
Signature, typed of prigned name of registered figent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE D NAME Steven J. Magner STREET ADDRESS CITY-SI-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE -NAME	ECTORS IN 12 ange
Signature, typed of prigoded name of registered from and title if applicable. 12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME Steven J. Magner 1.2 NAME STREET ADDRESS 18 26 5 Columbine Road 1.3 STREET ADDRESS CITY-ST-ZIP FORT Myers, FL 33912 14 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE CITY-ST-ZIP TITLE DELETE 4.1 TITLE CITY-ST-ZIP T	ECTORS IN 12 ange Addition ange Addition ange Addition
Signature, hypod of princed Affine of registered Agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D NAME Steven J. Magner STREET ADDRESS 18 26 5 Columbine Road CITY-ST-ZIP FORT Myers, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Chambel TITLE NAME AL CITY-ST-ZIP TITLE DELETE AL CITY-ST-ZIP TITLE Chambel AL Z NAME AL Z NAME	ECTORS IN 12 ange
Stepature, typed of profide name of registered from and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	ECTORS IN 12 ange
Signature. Typod of project ratine of registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D	ECTORS IN 12 ange
Signature. hypod of prighter affine of regulateral floant and table if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE NAME STREET ADDRESS 18 26 5 COlumbine Road CITY. 51-2IP FORT Myers, FL 33912 14 CITY. 51-ZIP TITLE NAME STREET ADDRESS CITY. 51-ZIP TITLE DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY. 51-ZIP TITLE AAAIE STREET ADDRESS CITY. 51-ZIP TITLE DELETE 41 TITLE AAAIE STREET ADDRESS CITY. 51-ZIP TITLE DELETE 41 TITLE AAAIE STREET ADDRESS CITY. 51-ZIP TITLE DELETE 41 TITLE AAAIE STREET ADDRESS CITY. 51-ZIP TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE DELETE JELETE JELET	ECTORS IN 12 ange
Signature. Niced of project rating of registering figent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME STREET ADDRESS 18 26 5 Columbine Road 13 STREET ADDRESS CITY.ST-ZIP TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE 10 DELETE 11 TITLE 12 NAME 12 NAME 13 STREET ADDRESS CITY.ST-ZIP TITLE 13 STREET ADDRESS CITY.ST-ZIP TITLE 14 CITY.ST-ZIP TITLE 15 DELETE 14 CITY.ST-ZIP TITLE 14 STREET ADDRESS CITY.ST-ZIP TITLE 14 CITY.ST-ZIP TITLE 15 STREET ADDRESS CITY.ST-ZIP TITLE 14 CITY.ST-ZIP TITLE 15 STREET ADDRESS CITY.ST-ZIP TITLE 16 CITY.ST-ZIP TITLE 17 CITY.ST-ZIP TITLE 18 CITY.ST-ZIP TITLE 19 CITY.ST-ZIP TITLE 10 CITY.ST-ZIP TITLE 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY.ST-ZIP TITLE 16 CITY.ST-ZIP TITLE 17 CITY.ST-ZIP TITLE 18 CITY.ST-ZIP TITLE 19 CITY.ST-ZIP TITLE 10 CITY.ST-ZIP	ECTORS IN 12 ange
Signature. Typed of proposed after of registered Agent supplication. (NOTE: Registered Agent suppative recurred when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY.ST.ZIP TITLE DELETE 12. ITILE 12. ITILE 12. ITILE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY.ST.ZIP TITLE 14. CITY.ST.ZIP DELETE 21. ITILE 22. NAME STREET ADDRESS CITY.ST.ZIP TITLE 13. ITILE 14. CITY.ST.ZIP DELETE 31. ITILE 32. NAME 33. STREET ADDRESS CITY.ST.ZIP TITLE 14. CITY.ST.ZIP TITLE 15. ITILE 16. Ch. ANAME 34. CITY.ST.ZIP TITLE 15. ITILE 16. Ch. ANAME 35. STREET ADDRESS CITY.ST.ZIP TITLE 16. Ch. ANAME 35. STREET ADDRESS 45. STREET ADDRESS CITY.ST.ZIP TITLE 16. Ch. ANAME 35. STREET ADDRESS 44. CITY.ST.ZIP TITLE 16. Ch. ANAME 35. STREET ADDRESS 45. STREET ADDRESS 55. STREET ADDRESS 56. STREET ADDRESS 57. ST	ECTORS IN 12 ange
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1TITLE D DELETE 1.1TITLE NAME Steven J. Magner 12NAME STREET ADDRESS 18 26 5 Columbine Road 13 STREET ADDRESS 18 COLUMBINE ROAD 18 CO	ECTORS IN 12 ange
Signature. Nyord of project riffried of requisionary plant and tabe if applicables. 12. OFFICERS AND DIRECTORS TITLE D NAME Steven J. Magner STREET ADDRESS 18 26 5 Columbine Road CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 11 TITLE 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 13 TITLE 14 CITY-ST-ZIP TITLE 15 TITLE 16 DELETE 16 TITLE 17 TITLE 18 DELETE 18 TITLE 19 DELETE 19 TITLE 19 DELETE 19 TITLE 10 DELETE 10 DELETE 10 DELETE 11 TITLE 10 DELETE 11 TITLE 12 NAME 13 STREET ADDRESS CITY-ST-ZIP TITLE 14 CITY-ST-ZIP TITLE 15 DELETE 16 TITLE 17 STREET ADDRESS CITY-ST-ZIP TITLE 18 DELETE 19 DELETE 19 DELETE 19 TITLE 19 DELETE 19 DELETE 19 TITLE 10 DELETE 20 STREET ADDRESS 21 STREET ADDRESS 22 STREET ADDRESS 23 STREET ADDRESS 24 STREET ADDRESS 25 STREET ADDRESS 26 STREET ADDRESS 27 STREET ADDRESS 27 STREET ADDRESS 28 STREET ADDRESS 29 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 21 STREET ADDRESS 22 STREET ADDRESS 23 STREET ADDRESS 24 STREET ADDRESS 25 STREET ADDRESS 26 STREET ADDRESS 27 STREET ADDRESS 28 STREET ADDRESS 29 STREET ADDRESS 21 STREET ADDRESS 21 STREET	ECTORS IN 12 ange
Signature. Nyord of project infinical cirregalisation of the proposation of the projectable. 12. OFFICERS AND DIRECTORS TITLE D Steven J. Magner STREET ADDRESS CITY.ST-ZIP FORT Myers, FL 33912 TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 31 TITLE NAME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 31 TITLE ADDRESS CITY.ST-ZIP TITLE DELETE 31 TITLE AMME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 31 TITLE AMME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 31 TITLE AMME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY.ST-ZIP TITLE DELETE 31 STREET ADDRESS CITY.ST-ZIP TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY.ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDR	ECTORS IN 12 ange

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN J. MAGNER

941-561-7500