

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 146980 (8)

1. Corporation Name
DEERFIELD BUILDERS SUPPLY CO., INC.



Principal Place of Business: 77 S E 2ND AVENUE, PO BOX D, DEERFIELD BEACH FL 33441
Mailing Address: 77 S E 2ND AVENUE, PO BOX D, DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified 05/13/1946	3a. Date of Last Report 04/25/1995
4. FEI Number 59-0554150	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DIETRICH, EDWARD H.
19780 118TH TRAIL, SOUTH
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD DIETRICH, E P 72 NE 11TH WAY DEERFIELD BCH., FL 00000	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, E P	2. NAME	
STREET ADDRESS	72 NE 11TH WAY	3. STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH., FL 00000	4. CITY-ST-ZIP	
TITLE	PD DIETRICH, E H 72 NE 11TH WAY DEERFIELD BCH., FL 00000	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, E H	6. NAME	
STREET ADDRESS	72 NE 11TH WAY	7. STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH., FL 00000	8. CITY-ST-ZIP	
TITLE	SD DIETRICH, EMILY M 72 NE 11TH WAY DEERFIELD BCH., FL 00000	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, EMILY M	10. NAME	
STREET ADDRESS	72 NE 11TH WAY	11. STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH., FL 00000	12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-ST-ZIP		28. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *E. P. Dietrich* E. P. DIETRICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 305-427-100

Day

Home Phone #

CR2E034 (12/95)