

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **196513** (6)
1. Corporation Name
ODELL BUILDERS INC



Principal Place of Business 4784 NW 167TH STREET HIALEAH FL 33014	Mailing Address 4784 NW 167TH STREET HIALEAH FL 33014-6427
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2. Principal Place of Business 21 16251 N.W. 54 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 16251 N.W. 54 Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/03/1956	3a. Date of Last Report 04/22/1996
22 FL City & State		27 FL City & State		4. FEI Number 59-0807763	Applied For Not Applicable
23 33014 Zip		28 USA Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33014 Zip		25 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26 33014 Zip		27 USA Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERMAN, SAM 4784 NW 167 ST. MIAMI FL 33014		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 16251 N.W. 54 Ave 83 84 City miami FL 85 Zip Code 33014	
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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 Signed, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDS	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input type="checkbox"/> Addition
NAME BERMAN, SAM		1.2 NAME 16251 N.W. 54 Ave	
STREET ADDRESS 4784 NW 167 ST.		1.3 STREET ADDRESS miami, FL 33014	
CITY- ST- ZIP MIAMI FL		1.4 CITY- ST- ZIP miami, FL 33014	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input type="checkbox"/> Addition
NAME WHEELER, SUSAN		2.2 NAME 16251 N.W. 54 Ave	
STREET ADDRESS 20520 SW 48 PLACE		2.3 STREET ADDRESS miami, FL 33014	
CITY- ST- ZIP FT LAUDERDALE FL		2.4 CITY- ST- ZIP miami, FL 33014	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE Change	<input type="checkbox"/> Addition
NAME BERMAN, CAROLE		3.2 NAME 16251 N.W. 54 Ave	
STREET ADDRESS 4784 NW 167 ST.		3.3 STREET ADDRESS miami FL 33014	
CITY- ST- ZIP MIAMI FL		3.4 CITY- ST- ZIP miami FL 33014	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP <input type="checkbox"/> DELETE		4.4 CITY- ST- ZIP <input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS <input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP <input type="checkbox"/> DELETE		5.4 CITY- ST- ZIP <input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY- ST- ZIP <input type="checkbox"/> DELETE		6.4 CITY- ST- ZIP <input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Sam Berman* 4/7/97 305 624 9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0120704

CR2E034 (9/96)