

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 10 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 330507 (5)**

1. Corporation Name

**HIGH POINT OF DELRAY BUILDERS, INC.**



Principal Place of Business

Mailing Address

1175 NE 125TH STREET  
SUITE 102  
NORTH MIAMI FL 33161

1175 NE 125TH STREET  
SUITE 102  
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified

05/23/1968

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1225966

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATE, STANLEY G.  
1175 NE 125TH STREET  
SUITE 102  
NORTH MIAMI FL 33161

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 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

(Initial) Registered Agent Signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TATE, STANLEY G	
STREET ADDRESS	1175 N.E. 125TH STREET	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KEND, DAVID	
STREET ADDRESS	2800 S OCEAN BLVD	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DENISON, EDWARD L	
STREET ADDRESS	1175 N.E. 125TH STREET	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TATE, J KENNETH	
STREET ADDRESS	1175 NE 125TH STREET	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TATE, JAMES D	
STREET ADDRESS	1175 NE 125TH STREET	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

305-891-1106

CR2E034 (12/95)