

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 # 413566 (1)  
1. Corporation Name  
EVERGREEN BUILDERS CORPORATION

Principal Place of Business

901 MARTIN DOWNS BLVD  
STE. 302  
PALM CITY FL 34990  
US

Mailing Address

901 MARTIN DOWNS BLVD  
STE. 302  
PALM CITY FL 34990  
US

FILED

97 NOV -3 PM 3:06

SECRETARY OF STATE



REINSTATEMENT

11/28/1972

08/08/1995

2. Principal Place of Business	2a. Mailing Address	4. FET Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1661306	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

BUCEK, KENNETH W.  
1868 NOTRE DAME AVENUE  
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Kenneth W. Bucek*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-20-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	VS
NAME	CORSO, ROSALIE	1.2 NAME	BUCEK, VALERIE L
STREET ADDRESS	1531 WESTMORELANE BLVD.	1.3 STREET ADDRESS	1868 NOTRE DAME AVE
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE FL.
TITLE	PT	2.1 TITLE	
NAME	BUCEK, KENNETH W.	2.2 NAME	
STREET ADDRESS	1868 NOTRE DAME AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Kenneth W. Bucek*  
Signature and typed or printed name of signing officer or director

10-20-97

Date

Daytime Phone #

CR2E034 (12/95)