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May 05 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 # **413825** (1)
1. Corporation Name
TROPICAL SERVICE BUILDERS, INC.

Principal Place of Business 1800 S. AUSTRALIAN AVE. #400 W. PALM BEACH FL 33409	Mailing Address 1800 S. AUSTRALIAN AVE. #400 W. PALM BEACH FL 33409-6444
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1972	3a. Date of Last Report 03/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1426699		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		6. 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 BRANNOCK, G. STEVEN, ESQ. 1800 S. AUSTRALIAN AVE. #400 W. PALM BEACH FL 33409		10. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	HOVNANIAN, ARA	1.2 NAME	Karl Reid Hotaling
STREET ADDRESS	61 WHIPPORWILL VALLEY DR	1.3 STREET ADDRESS	1800 S. Australian Ave #400
CITY-ST-ZIP	ATLANTIC HEIGHTS NJ	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	VP	2.1 TITLE	
NAME	BRANNOCK, STEVEN G	2.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MASON, TIMOTHY	3.2 NAME	
STREET ADDRESS	22 DEVON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	REINHART, PETER S.	4.2 NAME	
STREET ADDRESS	2 BAYHILL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HOVNANIAN, KEVORK	5.2 NAME	
STREET ADDRESS	29 WARD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ	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 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:  **Karl Reid Hotaling** 4/14/97 (561) 478-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)