

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1972	
4. FEI Number 59-1426699	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

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
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 HOVNIANIAN, ARA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	61 WHIPPORWILL VALLEY DR	1.2 NAME	
STREET ADDRESS	ATLANTIC HEIGHTS NJ	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD MASON, TIMOTHY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 DEVON DRIVE	2.2 NAME	
STREET ADDRESS	PISCATAWAY NJ	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D REINHART, PETER S.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 BAYHILL ROAD	3.2 NAME	
STREET ADDRESS	LEONARDO NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HOVNIANIAN, KEVORK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	29 WARD AVENUE	4.2 NAME	
STREET ADDRESS	RUMSON NJ	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P HOTALING, KARL R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 S AUSTRALIAN AVE #400	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 an attachment with an address.

SIGNATURE: Karl Reid Hotaling 2/1/98 (561) 478-0060

CR2E034 (10/97)