

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

FILED  
Jan 22 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 # 461139 (8)  
1. Corporation Name  
ALLIED BUILDERS OF ORLANDO, INCORPORATED

Principal Place of Business  
5450 JUDSON RD  
MERRITT ISLAND FL 32953  
US

Mailing Address  
5450 JUDSON RD.  
MERRITT ISLAND FL 32953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 MERRITT Island, FLA	26 5450 JUDSON RD	3. Date Incorporated or Qualified 09/16/1974	
Suite, Apt. #, etc.		4. FEI Number 59-2987992	
22 131 N. Courtney PKY	27	Applied For Not Applicable	
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Merritt Island, FL 32953	28 MERRITT Island FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32953	25 Brevard	29 32953	
30 Brevard	10. Name and Address of New Registered Agent		

DOLCI, FRANK  
5450 JUDSON RD.  
MERRITT ISLAND FL 32953

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLCI, DAN Q.	12 NAME	
STREET ADDRESS	8812 BLACK MESA DR	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	POC	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLCI, FRANK J.	22 NAME	
STREET ADDRESS	5450 JUDSON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERWALKER, GENA	32 NAME	
STREET ADDRESS	1018 SOLDIER CREEK CT	33 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE:

Frank J. Dolci

1/12/98 (407) 452-6856

CR2E034 (10/97)