

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # 558248

(1)

1. Corporation Name  
UNIBUILD, INC.

Principal Place of Business  
3589 QUAIL RIDGE DRIVE  
BOYNTON BEACH FL 33436-5422

Mailing Address  
3589 QUAIL RIDGE DRIVE  
BOYNTON BEACH FL 33436-5422



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1978		3a. Date of Last Report 03/22/1996	
21	22	26	27	4. FEI Number 59-1892505		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAXBY, DONALD L. 3589 QUAIL RIDGE DRIVE BOYNTON BEACH FL 33436		81 Name DONALD L. HAXBY 82 Street Address (P.O. Box Number is not applicable) 8560 MARISSA CIRCLE 83 LAKE WORTH, FLORIDA 33467 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: *Donald L. Haxby* (NOTE: Registered Agent signature required when reinstating) DATE: 4-18-'97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DONALD L. HAXBY
NAME	HAXBY, DONALD L.	1.2 NAME	6560 MARISSA CIRCLE
STREET ADDRESS	3589 QUAIL RIDGE DRIVE	1.3 STREET ADDRESS	LAKE WORTH, FLORIDA 33467
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	JUNE HAXBY
NAME	HAXBY, JUNE	2.2 NAME	6560 MARISSA CIRCLE
STREET ADDRESS	3589 QUAIL RIDGE DRIVE	2.3 STREET ADDRESS	LAKE WORTH, FLORIDA 33467
CITY-ST-ZIP	BOYNTON BEACH 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 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: *Donald L. Haxby* DONALD L. HAXBY 4-18-'97 PH: 561-642-1516

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

0320405

CR2E034 (9/96)