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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1	MENT # 590628 RBUILDERS CONSTRUCTION				NGU BIBN ANNI ANNI BRAY RAY
Principal Place of Business		Mailing Address			LYBAN BYRYL RIBIY RIBIY BURIY YODD
909 A TAMIAMI TRAIL PORT CHARLOTTE FL 33953		MASTERBUILDERS CONSTRUCTION CORP. PO BOX 381194 MURDOCK FL 33938-1194 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2 2 1 1 1 5				10/20/1978	
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number 59-1872380	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	θ	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _{ip}	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	PORTER, MYRNA KAY 20278 ASTORIA AVE.				
				ddress (P.O. Box Number is Not Acceptable)	
PU	RT CHARLOTTE, FL LP 33952		83		
			84 City		85 Zip Code
			1 1	F	·L
SIGNATURE	Signature typed in puriled name of registered agent	and trice if applicable (NO	TE Registered Agent signature requ	ured when reinstalling) DATI	8,1998
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PORTER, CHESTER LEWIS		1.2 NAME		
STREET ADDRESS	20278 ASTORIA AVE.		1.3 STREET ADDRESS	3.0	0840
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000		1.4 CITY - ST - ZIP	33	
TITLE	VST	[]] DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	PORTER, MYRNA KAY 20278 ASTORIA AVE.		2.2 NAME 2.3 STREET ADDRESS	0.50	
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000	,	2.4 CITY - ST - ZIP	339	52
TITLE	V	DELETE	3.1 TITLE		Change Addition
NAME	CROUSE, DOUGLAS E		3.2 NAME	delete anne	
STREET ADDRESS	18257 EDGEWATER DR		3.3 STREET ADDRESS	auce coure	
CITY-ST-ZIP TITLE	PT CHARLOTTE FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		L_ bttere	4.7 INCE 4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		and some the resident
STREET ADDRESS			6.3 STREET ADDRESS		;
			0.0 0.1.12. 110011000		1

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 be 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.