

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen S. Walker
GOVERNOR
TERRY R. RYAN
COMMISSIONER

DOCUMENT # **598262** (4)

1. Corporation Name
ASSOCIATED BUILDERS AND DESIGNERS, INC.

APPROVED AND FILED
CORPORATE DIVISION
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5350 10TH AVE SUITE 5 LAKEWORTH FL 33463 US		5350 10TH AVE SUITE 5 LAKEWORTH FL 33463 US	
2. Director (Type in full name)	2a. Mailing Address	3. Date incorporated or qualified	3a. Date of Last Report
21	26	12/22/1978	05/01/1994
22. State of Incorporation	27. State of Mailing Address	4. FEI Number	Applied For / Not Applicable
22	27	59-1877273	
23. City and State	28. City and State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. State	25. County	29. City	30. Zip Code
24	25	29	30

9. Name and Address of Current Registered Agent

**WAGNER, CHARLES W
4970 MISTY PINES TRAIL
LAKE WORTH, FL JL 33463**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City and State	
84. City	
85. Zip Code	FL

11. I, the undersigned, the president of the corporation named herein, do hereby certify that the above named corporation maintains the statement for the purpose of changing its registered office of registered agent of 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 understand the obligations of Section 147.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
STD WAGNER, JANET B 4970 MISTY PINES TR LAKE WORTH, FL 00000			
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
PD WAGNER, CHARLES W 4970 MISTY PINES TR LAKE WORTH, FL 00000			
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS

14. I, the undersigned, certify that the information reported herein is true and substantially correct and that I am duly qualified to sign this report. I further certify that the information reported herein is true and substantially correct and that I am duly qualified to sign this report. I further certify that the information reported herein is true and substantially correct and that I am duly qualified to sign this report. I further certify that the information reported herein is true and substantially correct and that I am duly qualified to sign this report.

SIGNATURE: *Charles W. Wagner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES W. WAGNER