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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	DIVISION OF	CORPORATIONS		
1. Corporation		(-)			
BUILD	DERS INVESTMENT REAT	LY, INC.		((\$\$) B \$1 \$1 14 \$1 1	tên êlêti gibil bişti bişti bişti gibi bişti sa
Principal Plac	o of Puningan				
Principal Place of Business Mailing Address				· carrie aude trata (dira (Bill 118))	saar arair arais arail átáit Effit Biail (981
200 E. CO 201B	MMERCIAL BLVD.	2600 E. COMMERCIAL 2018	BLVD.		
	RDALE FL 33308	FT. LAUDERDALE FL 3	33308		
US 2. Principal Place of Business		US 		 Date Incorporated or Qualified 05/04/1979 	3a. Date of Last Report 04/04/1995
21 Principal P	flace of Business	2a. Mailing Address		4. FEI Number 59-1942708	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & State		Election Campaign Financing	Fee Required \$5.00 May Be
23	T - A -:	28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7ip 29	Country 30	8. This corporation has liability for in Florida Statutes 🔥 Yes	ntangible tax under s. 199.032, □ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	egistered Agent
MAVED	CLIDI EV I		81 Name		
MAYER, SHIRLEY L. C/O HICKOK & SUPERTY, P.A. 2600 E. COMMERCIAL BLVD., #201B			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
			83		
FT. LAU	JDERDALE FL 33308		84 City		
					FL 85 Zip Code
11. Pursuant or register	to the provisions of Sections 607.0 red agent, or both, in the State of F	502 and 607.1508, Florida Statute Torida. Such change was authorize	es, the above-named corporation's boa	oration submits this statement for the purp	oose of changing its registered office
	ith, and accept the obligations of, S	Section 607.0505, Florida Statutes.		oration submits this statement for the purp and of directors. I hereby accept the appo	intrient as registered agent. Fam
SIGNATURE	Signature typed or printed name of registered a	igent and title if applicable (NOT	E. Registered Agent signature requir	ed when reinstation	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P ALLEN OF THE PARTY	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition 🔁
NAME	MAYER, SHIRLEY L		1.2 NAME		8
STREET ADDRESS CITY-ST-ZIP	6711 NE 21ST AVE. FT LAUDERDALE FL		1.3 STREET ADDRESS		
TITLE	VS VS	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		
NAME	HICKOK, WILLIAM S		2 2 NAME		☐ Change ☐ Addition ☐
STREET ADDRESS	2600 E. COMMERCIAL BL	VD., #201B	2 3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY-ST-ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP TITLE		DELETE	3.4 CITY - ST - ZIP		
NAME	•	[] beter	4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	1		4.4 City-St-ZiP	•	
TITLE		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		· -
STREET ADDRESS			53 STREET ADDRESS		
CITY - S1 - ZIP		ET DELETE	5 4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	,		6.2 NAME		
CiTY-ST-ZiP			6.3 STREET ADDRESS		
	v certify that the information supplie	d with this filing is valuntarily furnis	bad and does not qualify t	or the exemption stated in Death	7/0/1

4. To nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

URE AND TYPES OF PRINTED NAME OF SWOTHING OFFICER OR DIRECTOR CONSISTENCY OF DATE OF DESCRIPTION OF DESCRIPTION