

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Methuan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 660025 (8)

1. Corporation Name
CORL BUILDERS, INC.



Principal Place of Business

Mailing Address

P O BOX 867
SAFETY HARBOR FL 34695
US

P O BOX 867
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

2a. Mailing Address

21. Sub., Apt. #, etc.

26. Sub., Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. Country

29. 30. Country

g. Name and Address of Current Registered Agent

**CORL, JOHN F
1023 WATER EDGE CT
SAFETY HARBOR FL 34695**

**PAID
FEB 23 1996
7870**

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 607.012 and 607.15(4), 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 is effective as of the date of filing of this report with the Department of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CORL, JOHN F	
Street Address	102 WATER EDGE CT	
City & State	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City & State		
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City & State		
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City & State		
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City & State		

13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY & STATE	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY & STATE	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY & STATE	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY & STATE	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 and am receiving or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, Block 13, Block 14, or in an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John F. CORL

2-23-96 813/796-0777

CR2E034 (12/95)