

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90029 032 *****150.00

DOCUMENT # 679149

Corporation Name
ANSAR BUILDERS, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 1. Principal Place of Business 212 S OLD DIXIE POST OFFICE BOX 1358 JUPITER FL 33468 | | 2. Mailing Address 212 S OLD DIXIE POST OFFICE BOX 1358 JUPITER FL 33468 | |
| 3. Date Incorporated or Qualified 07/21/1980 | | 4. FEI Number 59-2016445 | |
| 5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 8. Additional Fee Required \$8.75 | |
| 9. Name and Address of Current Registered Agent DUPLESSIS, ROBERT 906 HAWIE ST. JUPITER FL 33458 | | 10. Name and Address of New Registered Agent | |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| PT DUPLESSIS, ROBERT 906 HAWIE ST. JUPITER FL | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | 1.2 NAME | |
| 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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, with all other the empowered.

SIGNATURE: _____ **1-22-99 (S6) 747-4316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)