

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004353 (8)

1. Corporation Name

FAGEN'S BUILDING CENTERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 658
8000 BROOKTREE ROAD
WEXFORD PA 15090

P.O. BOX 658
8000 BROOKTREE ROAD
WEXFORD PA 15090-9288

Attn: Liz Affuso



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/22/1994	05/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	25-1618509	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGEN, JACK	1.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEXFORD PA	1.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAGEN, WILLIAM	2.2 NAME	Pashel, George
STREET ADDRESS	9000 BROOKTREE ROAD	2.3 STREET ADDRESS	9000 Brooktree Rd.
CITY - ST - ZIP	WEXFORD PA 15090	2.4 CITY - ST - ZIP	Wexford, PA 15090
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFER, SEYMOUR J	3.2 NAME	Warden, Garvin
STREET ADDRESS	9000 BROOKTREE ROAD	3.3 STREET ADDRESS	9000 Brooktree Rd.
CITY - ST - ZIP	WEXFORD PA 15090	3.4 CITY - ST - ZIP	Wexford, PA 15090
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, DAVE	4.2 NAME	Barry Lhormer
STREET ADDRESS	9000 BROOKTREE ROAD	4.3 STREET ADDRESS	9000 Brooktree Road
CITY - ST - ZIP	WEXFORD PA 15090	4.4 CITY - ST - ZIP	Wexford, PA 15090
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGO, SAM	5.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEXFORD PA 15090	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSAGLIA, LOU	6.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEXFORD PA 15090	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 (42)

Date

Daytime Phone #

CR2E034 (9/96)