

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006750 (0)**

1. Corporation Name

**THE ARTISAN CONTRACTORS ASSOCIATION OF AMERICA, INC.**

Principal Place of Business

**5 SIERRAGATE PLAZA, STE 300  
ROSEVILLE CA 95678**

Mailing Address

**5 SIERRAGATE PLAZA, STE 300  
ROSEVILLE CA 95678**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>Same</b>		26 <b>Same</b>		12/19/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		51-0323548	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, SUZANNE	1.2 NAME	
STREET ADDRESS	5 SIERRAGATE PLAZA, STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE CA	1.4 CITY-ST-ZIP	
TITLE	S. Copran	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPMAN, LISA	2.2 NAME	
STREET ADDRESS	5 SIERRAGATE PLAZA, STE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE CA	2.4 CITY-ST-ZIP	
TITLE	T. Lutes	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKES, DENISE	3.2 NAME	
STREET ADDRESS	5 SIERRAGATE PLAZA, STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE  Denise A. Lutes 4/30/98 (916) 983-9515 x241

CF2E034 (10/97)