


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G14689** (5)
1. Corporation Name
BRUSH BUILDERS, INC.



Principal Place of Business 8330 SE DHARLYS P.O. BOX 299 HOBE SOUND FL 33455 US	Mailing Address 8330 SE DHARLYS ST P.O. BOX 299 HOBE SOUND FL 33455 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/22/1982	4. FEI Number 59-2247486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BRUSH, E. NORMAN 8330 SE DHARLYS ST HOBE SOUND FL 33455	
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10. Name and Address of New Registered Agent 81 Name FAY H. BRUSH 82 Street Address (P.O. Box Number is Not Acceptable) 8330 SE Dharlys ST 83 84 City Hobe Sound FL 85 Zip Code 33455
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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 Fay H. Brush DATE 4-20-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	BRUSH, E. NORMAN
STREET ADDRESS	8330 SE DHARLYS ST
CITY-ST-ZIP	HOBE SOUND FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	BRUSH, FAY H
STREET ADDRESS	8330 SE DHARLYS ST
CITY-ST-ZIP	HOBE SOUND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUSH, FAY H
1.3 STREET ADDRESS	8330 SE Dharlys st
1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUSH, GORDON A.
2.3 STREET ADDRESS	220 38 WIRE CREEK RD
2.4 CITY-ST-ZIP	SIMPSONVILLE, S.C. 29681
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Fay H. Brush VSD DATE: 4-20-98 561-546-1135

CR2E034 (10/97)