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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G33874

(0)

Mailing Address

CLASS "A" BUILDERS, INC.

Principal Place of Business

Apr 17 1997 8:00am Secretary of State

- I SEERISH EURE HAGE		BARK BARK BIRL	MARIANIA

FILED

4539 SW 6TH AVE CAPE CORAL FL 33914		4539 SW 6TH AVE CAPE CORAL FL 33914-6423						
					3. Date Incorporated or Qualified 04/19/1983		of Last R	eport
	Place of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-2304870			t Applicable
Suite, Ap	1. #, etc.	Suite, Apt. #, etc. •			5. Certificate of Status Desired	<u> </u>	\$8.75 / Fee Re	
City & Sta 23	ale 3	City & State	3		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip 29	Country	656-	8. This corporation has liability for in Florida Statutes	ntangible t Yes		199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	
NO	RTON, JOHN J		81	Name				
	89 SW 6TH AVE PE CORAL FL 33914		62	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
On on	1 2 00/012 1 2 000 14		83	->	X		*******	
			84	City	0-	FL	85 Zip (Code
11. Pursuar	it to the provisions of Sections 607.0	502 and 607,1508, Florida Stat	utes, the above	a-named col	rporation submits this statement for the p		hanging it	s registered
office of agent. I	r registered agent, or both, in the Sta -am familiar with, and accept the obli	te of Florida (Such change was igations of Scolo (807,0595, I	s authorized by Florida Statute:	the corpora 3.	rporation submits this statement for the p ation's board of directors. I hereby accep	tne appo	intment as	registered
SIGNATURE		VORTEX CLI	Lan	1.B	Kira	4-	14-9-	7
	Signature: Typed or printed came of registered a			por stutengia Inc	uired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TOLE	NORTON, JOHN J	☐ DETEIF	1.1 TITLE			L	Change	Addition Addition
NAME OF THE STATE OF THE STATE	JEAN CHILATEL AVE		1.2 NAME	4000000				
STREET ADDRESS	CAPE CORAL FL 33914		1.3 STREET					
CITY - ST - ZIP	1	DELETE	1.4 CITY - 5 2.1 TITLE	11-211			Change	Addition
NAME	NORTON, JOHN J		2.2 NAME			_		
STREET ADDRESS	4000 011 0711 415		2.3 STAEET	ADDRESS				
City-St-ZIP	CAPE CORAL FL 33914		2 4 CITY-	i				
TiTLf	8	DELETE	31 TITLE				Change	Addition
NAME	NORTON, JOHN J		3.2 NAME					
STREET ADORESS			3.3 STREET	ADDRESS				
CITY - ST - ZUF	CAPE CORAL FL 33914		3.4. CITY-	ST-ZIP			····	
TITLE		☐ DELETE	4,1 TITLE			[Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	S		4.3 STREET					
CITY - S1 - 719		□ nr: Ftr	4.4 CITY-5	IT-ZIP			Change	Addition
THUE		☐ DELETE	51 TITLE	J		ı	Change	LI Addition
NAME DEGLET ADDITION			52 NAME	ADDRESS				
SEREET ADDRESS			5.3 STREET 5.4 CITY - 5	1				
CITY - ST - ZIP TITLE		☐ DELETE	6.1 TITLE	0.215	,		Change	Addition
NAME			6.2 NAME			•		
STREET ADDRESS	,			ADDRESS				
CHY-ST-ZIP			6.4 CITY-5	·				
Q: C F Q - 4.11			0.7 0111	. 411				

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. 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: