

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G73519** (2)

1. Corporation Name
COORDINATED BUILDING SYSTEMS, INC.



Principal Place of Business
**1515 N. FEDERAL HWY., STE. 300
BOCA RATON FL 33432**

Mailing Address
**P. O. BOX 6298
BOCA RATON FL 33427**

3. Date Incorporated or Qualified **12/13/1983** 3a. Date of Last Report **01/17/1995**

| | | | |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 59-2359510 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 30 | 8. 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

**WOOSTER, RONALD C
5936 COLONY CT.
BOCA RATON FL 33433**

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 **FL**

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 | P | 1.1 TITLE | P |
| NAME | NETTLES, SAMUEL D JR. | 1.2 NAME | Wooster, Ronald C. |
| STREET ADDRESS | 2841 S.W. 13TH CT. | 1.3 STREET ADDRESS | 5936 Colony Court |
| CITY-STATE-ZIP | DEERFIELD BEACH FL 33442 | 1.4 CITY-STATE-ZIP | Boca Raton, FL 33433-5204 |
| TITLE | V | 2.1 TITLE | V |
| NAME | WOOSTER, RONALD C | 2.2 NAME | Nettles, Samuel D., Jr. |
| STREET ADDRESS | 5936 COLONY CT. | 2.3 STREET ADDRESS | 2841 S.W. 13th Court |
| CITY-STATE-ZIP | BOCA RATON FL 33433 | 2.4 CITY-STATE-ZIP | Deerfield Beach, FL 33442 |
| TITLE | SD | 3.1 TITLE | |
| NAME | NETTLES, LINDA SUE | 3.2 NAME | |
| STREET ADDRESS | 2841 S.W. 13TH CT. | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | DEERFIELD BCH. FL 33442 | 3.4 CITY-STATE-ZIP | |
| TITLE | TD | 4.1 TITLE | |
| NAME | WOOSTER, KATHLEEN | 4.2 NAME | |
| STREET ADDRESS | 5936 COLONY CT. | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | BOCA RATON FL 33433 | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 *407-394-0224*
Date Daytime Phone #

CR2E034 (12/95)