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FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 6296 BOCA RATON FL 33427**

3. Date Incorporated or Qualified: **12/13/1983**
 3a. Date of Last Report: **01/23/1996**
 4. FEI Number: **59-2359510**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip Country
 29 30

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 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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOSTER, RONALD C	
STREET ADDRESS	5936 COLONY COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NETTLES, SAMUEL D. J	
STREET ADDRESS	2841 SW 13TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NETTLES, LINDA SUE	
STREET ADDRESS	2841 S.W. 13TH CT.	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOOSTER, KATHLEEN	
STREET ADDRESS	5936 COLONY CT.	
CITY-ST-ZIP	BOCA RATON FL 33433	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Ronald C. Wooster* **RONALD C. WOOSTER, DIRECTOR** **1/16/97** **(561) 394-0224**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)