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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H20378

(6)

Mailing Address

PGM BUILDERS, INC.

Principal Place of Business

2. Principal Place of Business	2449614 cate of Status Desired on Campaign Financing Fund Contribution corporation has liability for ir a Statutes and Address of New Reg X Number is Not Acceptable whits this statement for the purifications. I hereby accept	O4/12/1 \$8 Diangible tax u Yes No glatered Agen Ie) FL 85 urpose of char it the appointm DATE ERS AND DIRE	Applied For Not Applica 3.75 Additional Fee Required 55.00 May Be Added to Fees Inder s. 199.032, but Zip Code
2. Principal Place of Business 2. Mailing Address 4. FELNI 26 59 Suite, Apt. #, etc. 59 Suite, Apt. #, etc. 59 City & State 27 City & State 28 Cupy 27 City & State 30 Country 27 Zip Country 30 Florida 30 Florida 30 Florida 9, Name and Address of Current Registered Agent 4800 N. FEDERAL HWY., STE. 3068 BOCA RATON FL 33431 10. Name 4800 N. FEDERAL HWY., STE. 3068 BOCA RATON FL 33431 81 Name 482 Street Address (P.O. Both in the State of Florida Statutes, the above-named corporation submoving or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board or agent 1 and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, speed or printed hums of registered agent at the Flagilitative (NOTE Registered Agent algrature adjusted when rematering the DP CARL STATE AGENT	6/1984 umber 2449614 cate of Status Desired on Campaign Financing Fund Contribution corporation has liability for ir a Statutes and Address of New Reg x Number is Not Acceptable whits this statement for the purif directors. I hereby acceptable	O4/12/1 \$8 Diangible tax u Yes No glatered Agen Ie) FL 85 urpose of char it the appointm DATE ERS AND DIRE	Applied For Not Applica 8.75 Additional Fee Required 65.00 May Be Added to Fees under s. 199.032 of the Adde
Suite, Apt #, etc. Suite,	2449614 cate of Status Desired on Campaign Financing Fund Contribution corporation has liability for ir a Statutes and Address of New Reg X Number is Not Acceptable whits this statement for the porf directors. I hereby acceptable	ptangible tax u Yes No Jestered Agen le) FL 85 urpose of char it the appointment the appointm	Not Applica 3.75 Additional Fee Required 55.00 May Be Added to Fees under s. 199.032 b It Zip Code Inging its registered as registered
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	cate of Status Desired on Campaign Financing Fund Contribution corporation has liability for in a Statutes and Address of New Reg x Number is Not Acceptable mits this statement for the put of directors. I hereby accept	ptangible tax u Yes No Jestered Agen le) FL 85 urpose of char it the appointment the appointm	3.75 Additional Fee Required 5.00 May Be Added to Fees under s. 199.032, t Zip Code nging its registered ent as registered
City & State Ci	on Campaign Financing Fund Contribution corporation has liability for in a Statutes and Address of New Reg x Number is Not Acceptable hits this statement for the purif directors. I hereby acceptable	ptangible tax u Yes No Jestered Agen le) FL 85 urpose of char it the appointment the appointm	Fee Required 5.00 May Be Added to Fees Inder s. 199.032, I Zip Code Inging its registered ECTORS IN 12
Trust I Zip Country Zip Country A Top Country Zip Country B. This or Florida 9, Name and Address of Current Registered Agent 10, Name GAYLORD, MARC R. 4800 N. FEDERAL HWY., STE. 306B BOCA RATON FL 33431 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subtractive or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tysed or printed name of registered agenc and title if applicable OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITION BAME SIREEL ADDRESS CITY-SI-ZIP DELETE 1.1 TILLE DP GIAQUINTO, PETER B., JR. 1.2 NAME 1.3 STREET ADDRESS CITY-SI-ZIP TILLE DELETE 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS CITY-SI-ZIP TILLE DELETE 3. STREET ADDRESS CITY-SI-ZIP TILLE 3. STREET ADDRESS 3.4 CITY-SI-ZIP	Fund Contribution corporation has liability for in a Statutes b and Address of New Reg x Number is Not Acceptable mits this statement for the purif directors. I hereby acceptable	ptangible tax u Yes No gistered Agen le) FL 85 urpose of char it the appointm DATE ERS AND DIRE	Added to Fees inder s. 199.032, t Zip Code aging its register ent as registere
Zip Country Zip Country	a Statutes b and Address of New Reg x Number is Not Acceptable nits this statement for the purif directors. I hereby acceptable	Yes Nogletered Agen No	Zip Code aging its registered as registered
9. Name and Address of Current Registered Agent GAYLORD, MARC R. 4800 N. FEDERAL HWY., STE. 306B BOCA RATON FL 33431 82 Street Address (P.O. Box BOCA RATON FL 33431) 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of 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 OFFICERS AND DIRECTORS 13. ADDITION THE DP GIAQUINTO, PETER B., JR. STREET ADDRESS CITY-SI-ZIP DELETE 1.1 TITLE DELETE 1.2 NAME 1.3 STREET ADDRESS CITY-SI-ZIP DELETE 3.1 TITLE AMME STREET ADDRESS CITY-SI-ZIP DELETE 3.1 TITLE ANME 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-SI-ZIP DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP DELETE 3.3 TITLE NAME 3.4 CITY-SI-ZIP DELETE 3.3 TITLE NAME STREET ADDRESS CITY-SI-ZIP DELETE 3.3 STREET ADDRESS CITY-SI-ZIP ACCITY-SI-ZIP DELETE 3.4 CITY-SI-ZIP DELETE 3.5 STREET ADDRESS 3.4 CITY-SI-ZIP	x Number is Not Acceptable x Number is Not Acceptable inits this statement for the purifications. I hereby acceptable	le) FL 85 urpose of char It the appointm DATE ERS AND DIRE	Zip Code nging its registered as registered
GAYLORD, MARC R. 4800 N. FEDERAL HWY., STE. 306B BOCA RATON FL 33431 81 82 Street Address (P.O. Box 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submorfice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITION DP GIAQUINTO, PETER B., JR. 5602 PGA BLVD, SUITE 203 1.3 STREET ADDRESS PALM BEACH GARDENS FL DELETE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME SIRRET ADDRESS CITY-SI-ZIP DELETE 3.3 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-SI-ZIP DELETE 3.3 TITLE NAME 3.3 STREET ADDRESS 2.4 CITY-SI-ZIP DELETE 3.3 TITLE NAME 3.3 STREET ADDRESS 2.4 CITY-SI-ZIP DELETE 3.3 TITLE NAME 3.3 STREET ADDRESS CITY-SI-ZIP DELETE 3.4 CITY-SI-ZIP DELETE 3.5 TITLE NAME 3.5 STREET ADDRESS 3.4 CITY-SI-ZIP DELETE 3.5 TITLE AND T	x Number is Not Acceptable nits this statement for the purif directors. I hereby acceptable	FL 85 urpose of char It the appointm DATE ERS AND DIRE	Zip Code nging its registered as registered ECTORS IN 12
A800 N. FEDERAL HWY., STE. 308B BOCA RATON FL 33431 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent is to life if applicable. INDIE Registered Agent signature required when releasten to the interpolicable. INDIE Registered Agent signature required when releasten to the interpolicable. INDIE STREET ADDRESS DITY-SI-ZIP INTIE DP DELETE 1.1 TITLE 1.1 STREET ADDRESS DITY-SI-ZIP INTIE DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-SI-ZIP INTIE DELETE 3.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-SI-ZIP INTIE DELETE 3.1 TITLE 3.3 TREET ADDRESS CITY-SI-ZIP INTIE DELETE 3.1 TITLE 3.3 TREET ADDRESS CITY-SI-ZIP INTIE DELETE 3.1 TITLE 3.3 TREET ADDRESS CITY-SI-ZIP 3.4 CITY-SI-ZIP 3.5 TREET ADDRESS CITY-SI-ZIP 3.4 CITY-SI-ZIP 3.5 TREET ADDRESS CITY-SI-ZIP 3.4 CITY-SI-ZIP 3.5 TREET ADDRESS CITY-SI-ZIP 3.4 CITY-SI-ZIP 3.4 CITY-SI-ZIP	nits this statement for the purification of directors. I hereby accept	FL 85 urpose of char it the appointm DATE ERS AND DIRE	nging its register nent as registered ECTORS IN 12
BOCA RATON FL 33431 B3 B4 City I1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submodifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyried or printed name of registered agencia of the if applicable. NOTE Registered Agent signature required when reinstating the same of the interpolation of the corporation is submitted by the corporation is better of the corporation of the interpolation of the interpola	nits this statement for the purification of directors. I hereby accept	FL 85 urpose of char It the appointm DATE ERS AND DIRE	nging its register nent as registered ECTORS IN 12
B3 B4 City I1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of 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 life if applicable. OFFICERS AND DIRECTORS 13. ADDITION INCLE GIAQUINTO, PETER B., JR. STREET ADDRESS SITY-S1-ZIP DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS SITY-S1-ZIP DELETE 2.1 TITLE L. DELETE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS SITY-S1-ZIP DELETE 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS SITY-S1-ZIP DELETE 3.1 TITLE 3.3 STREET ADDRESS 3.3 STREET ADDRESS SITY-S1-ZIP DELETE 3.1 TITLE 3.3 NAME 3.3 STREET ADDRESS SITY-S1-ZIP AMME 3.3 STREET ADDRESS SITY-S1-ZIP DELETE 3.3 STREET ADDRESS SITY-S1-ZIP AMME 3.3 STREET ADDRESS SITY-S1-ZIP DELETE 3.4 CITY-S1-ZIP	of directors. I hereby accept	urpose of char the appointm DATE ERS AND DIR	nging its register nent as registered ECTORS IN 12
ADDITION BEACH GARDENS FL. City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submodifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent aignature required when reinstating the provision of the printed name of registered agent and the interpolation of the printed name of registered agent and the interpolation of the printed name of registered agent and the interpolation of the printed name of registered agent and the interpolation of the printed name of registered agent and the interpolation of the printed name of registered agent and name of registered agent agen	of directors. I hereby accept	urpose of char the appointm DATE ERS AND DIR	nging its register nent as registered ECTORS IN 12
III. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submorfice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of 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 the if applicable. NOTE Registered Agent signature required when reinstating the total properties of the provision o	of directors. I hereby accept	urpose of char the appointm DATE ERS AND DIR	nging its register nent as registered ECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. If am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. NOTE Registered Agent signature required when reinstating the property of the printed name of registered agent and the if applicable. NOTE Registered Agent signature required when reinstating the printed agent and the if applicable. NOTE Registered Agent signature required when reinstating the printed agent and the if applicable. NOTE Registered Agent signature required when reinstating the printed agent and the if applicable. NOTE Registered Agent signature required when reinstating the printed agent and the if applicable. NOTE Registered Agent signature required when reinstation. In Title STREEL ADDRESS DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS DITY-ST-ZIP DELETE 3.3 STREET ADDRESS DITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP	of directors. I hereby accept	urpose of char It the appointm DATE ERS AND DIR	něnt ás registered
agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. AGNATURE Signature, typed or printed harne of registered agent and the if applicable (NOTE Registered Agent algnature required when reinstating the property of the printed harne of registered agent and the if applicable (NOTE Registered Agent algnature required when reinstating the printed and present and	ng)	DATE ERS AND DIR	ECTORS IN 12
PRICE DP DELETE 1.1 TITLE AME GIAQUINTO, PETER B., JR. 5602 PGA BLVD, SUITE 203 PALM BEACH GARDENS FL 1.4 CRIY-SI-ZIP TITLE AME TREE1 ADDRESS TITY-SI-ZIP		ERS AND DIR	
DELETE DP	ONS/CHANGES TO OFFICE		
AME GIAQUINTO, PETER B., JR. 1.2 NAME 1.3 STREET ADDRESS 1.4 CRTY-ST-ZIP THE AME L.2 NAME L.2 NAME L.3 STREET ADDRESS L.4 CRTY-ST-ZIP THE L.2 NAME L.3 STREET ADDRESS L.4 CRTY-ST-ZIP L.5 NAME L.5 NA			
1.3 STREET ADDRESS		<u></u> (Mange LJ Audi
1.4 City-St-ZiP			
DELETE 21 TITLE			
TREE1 ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP TREE1 ADDRESS 2.4 CITY - ST - ZIP TREE1 ADDRESS 3.1 TITLE TREE1 ADDRESS 3.3 STREET ADDRESS TY - ST - ZIP 3.4 CITY - ST - ZIP		. 🗆	Change Addit
17 - S1 - ZIP		4.4	•
DELETE 3.1 TILE			
IAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS STY-ST-ZIP 3.4. CITY-ST-ZIP			
STREET ADDRESS SITY-ST-7IP 3.3 STREET ADDRESS 3.4. CITY-ST-7IP			Change 🔲 Addit
ITY-ST-7IP 3.4. CITY-ST-7IP			
TOTAL PROPERTY OF A STATE OF A ST			
			Shones I Addi
ITLE L DELETE 4.1 TITLE AME 4.2 NAME			Change Addit
4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS			
TITY-S1-ZIP 4.4 CITY-S1-ZIP			
TITLE DELETE 5.1 TITLE			Change Addit
SAME 5.2 NAME		-	
STREET ADDRESS 5.3 STREET ADDRESS			
1TY-S1-ZIP 5.4 CITY-S7-ZIP			
TILE DELETE 6.1 TITLE			change Addit
AAME 6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
STY-S1-ZIP 6.4 CITY-S1-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 information indicated on this annual report or supply neotal annual report is true and accurate and that my signature.		s. I further certi	ify that the

B. GIAQUINTO JRX4-197627-255