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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H2889

(8)

FILED
Jan 28 1998 8:00am
Secretary of State

PROFE	SSIONAL BUILDERS OF AN	MERICA, INC.				
Principal Plac	e of Business	Mailing Address			I TEDLOFE BILL ALDER HAVE FOLKE HOLLD FIND BILL I	HEIN BEDER BIBER DIGHE BION LOBI
P.O. BOX 67407  ST PETERSBURG FL 33736-7407  US  P.O. BOX 67407  ST PETERSBURG FL 337  US  US			i-7407		DO NOT WRITE IN TH	IIS SPACE
2. Principal P	lace of Business	2a, Mailing Address			11/06/1984 4. FEI Number	
21		26			Applied For Not Applicable	
Sulte, Apt.	#, etc.	+ + · · · ·	Suite, Apt. #, etc.		59-2467626	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip C		Country	,	8. This corporation owes or has paid the	current_year Intangible
24	25	29 3	0		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
ZUI	lli, raymond		81	Name		
6600 <b>Su</b> nset way			82	Street	Address (P.O. Box Number is Not Acceptable)	
#21						
ST.	PETE BCH. FL 33706		83			
			84	City		85 Zip Code
					F	'L!   `
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 of the purpose of changing its registered of the purpose of changing its registered of the purpose of the appointment as registered of the purpose of the purpose of the appointment as registered of the purpose of the purp						
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						
40	Signature, typud or printed name of registured age			ent signature	required when reinstating) DATE	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	THE BANKAGAN		1.2 NAME			Change E Addition
STREET ADDRESS	6600 SUNSET WAY #207		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETE BCH FL 33706		1.3 STREET ADDRESS			
TITLE			21 THILE	11-714		Change Addition
NAME	THE CARRADA II		2.2 NAME			C outride C vegition
STREET ADDRESS	6600 SUNSET WAY #207		2.3 STREET	ADDRESS		İ
CITY-ST-ZIP	ST PETE BCH FL 33706		2.4 CITY-ST-ZIP			}
TITLE			3.1 TITLE	21 211		Change Addition
NAME			3.2 NAME			•
STREET ADDRESS			3.3 STREFT	ADDRESS :		
CITY - ST - ZIP			3.4. CITY-5	ST - ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	address		
CITY-ST-ZIP				t - 21P		
TITLE		☐ DELETE	6.1 TtTLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	*.		6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
14. I hereby c	ertify that the information supplied will	th this filing does not qualify for t	he exemp	ion state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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.

EIGHATHER BOX ARA - SULLI ROBBORD ZULLI 1-19-98 1-812-926-133