

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 15 1996 8:00 am
Secretary of State

DOCUMENT # H44344

1. Corporation Name

Artisan Builders, Inc.

Principal Place of Business

716 NW 5th Street
Boca Raton, FL 33486

Mailing Address

Same

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

2/25/85

3a. Date of Last Report

Dec. 1995

4. FEI Number

59-2497121

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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. 190.032
Florida Statutes.

[X] Yes

[] No

9. Name and Address of Current Registered Agent

Harrison Day
716 NW 5th Street
Boca Raton, FL 33486

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.0605, 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, whereby I accept the appointment as registered agent, and I am authorized to accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

12. President OFFICERS AND DIRECTORS

1. TITLE
NAME
2. STREET ADDRESS
CITY, ST, ZIP
Harrison Day
716 NW 5th Street
Boca Raton, FL 33486

[] DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (7-12)

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and that the information and data are true and accurate and that my signature shall make this statement a true and accurate statement under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 11 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harrison Day/President

8/13/96 (561) 391-2680

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