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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H73295

(8)

| ADVANCED | BUILDING | ERECTORS, | INC. | |
|----------|----------|-----------|------|--|
| | | | | |

FILED Jan 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | f itheinis aret labon strin fråsa spraf bill drugt alfalt årkis ninst digtt utdet fabi | | |
|--|--|-------------|--|--|---|----------------------------|--|
| 8150 PRESIDENTS DR ORLANDO FL 32809 | 8150 PRESIDENTS DR ORLANDO FL 32809 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified 08/26/1985 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | | |
| 21 | 26 | | | 59-2591398 | Not Applicable | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | E Cartificate of Status Desired S8.7 | 5 Additional e Required | |
| City & State | City & State | | | | 00 May Be led to Fees | | |
| Zip Country 25 | Zip 29 | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No | | |
| g. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MCKAY, JOHN | | | 81 | Name | | | |
| 8150 PRESIDENTS DR. ORLANDO FL 32809 | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 83 | | | -,, | |
| | | | 84 | City | FL 85 | Zip Code | |
| 11. Pursuant to the provisions of Sections 607,050 office or registered agent, or both, in the State | 2 and 607.1508, Florida Statu | utes, the a | d by | e-named corporation | pration submits this statement for the purpose of changing by board of directors. I bereby accept the appointment | ng its registered | |

agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MCKAY, JOHN CR2E034 NAME 1.2 NAME 7044 BAYSHORE DR. 1.3 STREET ADDRESS STREET ADDRESS ST. CLOUD FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE EATON, STEPHEN 2.2 NAME NAME 1749 LEE JANZEN DR. STREET ADDRESS 2 3 STREET ADDRESS KISSIMMEE FL 2. 4 CITY-ST-ZIP CITY-ST-ZM DELETE Change Addition 31 TITLE TITLE EATON, PAMELA NAME 32 NAME 1749 LEE JANZEN DR. STREET ADDRESS 3 3 STREET ADDRESS KISSIMMEE FL CITY - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.8 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ___ Addition 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. 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 congration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 3, or on an attachment with an address.

SIGNATURE

EGHEN EATON 1.9.98

407. BS5.9109