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Apr 28 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 # H76193 (2)
1. Corporation Name
DIVERSIFIED BUILDERS OF CORAL SPRINGS, INC.



Principal Place of Business
10343 ROYAL PALM BLVD
SUITE 277
CORAL SPRINGS FL 33065

Mailing Address
10343 ROYAL PALM BLVD
SUITE 277
CORAL SPRINGS FL 33065-4817

2. Principal Place of Business
21 5415 NW 24th ST
Suite, Apt. #, etc.
22 SUITE 111
City & State
23 MARLBOROUGH FL
Zip
24 33063
Country
25 USA

2a. Mailing Address
26 3415 NW 24th ST
Suite, Apt. #, etc.
27 SUITE 111
City & State
28 MARLBOROUGH, FL
Zip
29 33063
Country
30 USA

3. Date Incorporated or Qualified
09/16/1985

3a. Date of Last Report
04/18/1996

4. FEI Number
59-2609730

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

9. Name and Address of Current Registered Agent

OFSTEIN, ROBERT L.
1820 NW 97 AVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFSTEIN, ROBERT L.	1.2 NAME	
STREET ADDRESS	1820 NW 97 AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFSTEIN, SCOTT J.	2.2 NAME	OFSTEIN, SCOTT J
STREET ADDRESS	10818 CYPRESS GLEN DR.	2.3 STREET ADDRESS	6785 NW 74 CT
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFSTEIN, CAROLE M.	3.2 NAME	
STREET ADDRESS	1820 NW 97 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, RICHARD A.	4.2 NAME	
STREET ADDRESS	97 BARRY ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WORCESTER MA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (9/96)