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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J25145

(0)

| MANCINI BUILDERS, INC.  Principal Place of Business Mailing Address  1700 E LAS OLAS BLVD 1700 E LAS OLAS BLVD STE 206 STE 208 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-2487 US   |   |   |   |  | 3. Date Incorporated or Qualified 3a. Date of Last Report                                    |              |                                  |  |
|--|---|---|---|--|--|--------------|----------------------------------|--|
| DO   |   | 00  |   |  | 07/21/1986   |              | 21/1996                          | ieport                                 |
|  | Place of Business   | 2a. Mailing Address   |   | ·  | 4. FEI Number  |              | Ar                               | oplied For                             |
| 21 Suite, Ap   | u 4 olo   | 26 Suite, Apt. #, etc.  |   |  | 59-2692565   |              |                                  | ot Applicable                          |
| 22   | д. <b>#, O</b> lG.  | 27  |   |  | 5. Certificate of Status Desired   |              |                                  | Additional<br>equired                  |
| City & St.   | ale   | City & State  | ······  |  | 6. Election Campaign Financing   |              |                                  | May Be                                 |
| 23   | <u>-</u>  | 28  |   |  | Trust Fund Contribution  |              |                                  | to Fees                                |
| Zip<br>™n  | Country   | Zφ  | Cou   | ntry   | 8. This corporation has liability fo   |              |                                  | . 199.032,                             |
| 24   | 9. Name and Address of Cu   | 29 <br> rrent Registered Agent  | [30]  |  | Florida Statutes  10. Name and Address of New F  | Yes [        |                                  |  |
| М  | ANCINI, JOHN A.   | ALDER LINGSBOOK AND ILL   | ·   | 81 Name  | IV. Italia dia Haciasa di Hatti  | iogistorou . | 190111                           |  |
|  | 700 E LAS OLAS BLVD   |   |   | 82 Street Ado  | dress (P.O. Box Number is Not Accept   | ablo\        | <del></del>                      |  |
|  | TE 206  |   |   | Sileet Aud   | aress (F.O. Box Number is Not Accept   | anie)        |                                  |  |
|  | . LAUDERDALE FL 33301   |   |   | 83   |  |              | ····                             | <del></del>                            |
|  |   |   | }   | 84 City  |  |              | <b>85</b> Zip                    | Code                                   |
|  |   |   |   | -   - 7  |  | <u>FL</u>    | '                                |  |
|  |   | State of Florida. Such change wobligations of, Section 607.0505           | vas authorized<br>i, Florida Stati  | by the corpora   | rporation submits this statement for the ation's board of directors. I hereby acc            | ept the app  | ointment as                      | registerea                             |
| office of agent 1 SIGNATURE  | Signature, typod or printed name of registers                               |   |   |  | ation's board of directors. I hereby acc<br>ured when reinstating)  ADDITIONS/CHANGES TO OFF | DATÉ         |                                  |  |
| SIGNATURE  | Signature typic or protect name of registers  OFFICERS                      | ed agent and title if applicable  | (NOTE: Registered   | Agent signature requ   | ulred when reinstating)  | DATÉ         |                                  |  |
| SIGNATURE  12.  HILL  NAME   | Signature typic or printed name of registers  OFFICERS  D  MANCINI, JOHN A. | ed agent and title if applicable  | (NOTE: Registered<br>13.<br>1.1 Till<br>1.2 NA  | Agent signature requ   | ulred when reinstating)  | DATÉ         | DIRECTOR                         | RS IN 12                               |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT                               | ed agent and title if applicable  | (NOTE: Registered<br>13.<br>1.1 Til<br>1.2 NA<br>1.3 ST   | Agent signature required to the signature requirement of the signature req | ulred when reinstating)  | DATÉ         | DIRECTOR                         | RS IN 12                               |
| SIGNATURE  12.  THEF  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature typic or printed name of registers  OFFICERS  D  MANCINI, JOHN A. | ed agent and title if applicable  S AND DIRECTORS  DELETE                 | (NOTE: Registered<br>13.<br>1.1 Til<br>1.2 NA<br>1.3 ST<br>1.4 CI   | Agent signature requ<br>LE<br>ME<br>REET ADDRESS<br>Y-S1-ZIP   | ulred when reinstating)  | DATÉ         | DIRECTOP Change                  | RS IN 12 Addition                      |
| SIGNATURE  12. THE NAME STREEL ADDRESS CITY-ST-ZIP TITLE   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT                               | ed agent and title if applicable  | (NOTE: Registered<br>13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TII  | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR                         | RS IN 12                               |
| SIGNATURE  12. THEF NAME STREEL ADDRESS CITY-ST-ZIP THEF NAME  | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE                 | (NOTE: Registered<br>13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TII<br>2.2 NA  | Agent signature required to the signature requirement of the signature req | ulred when reinstating)  | DATÉ         | DIRECTOP Change                  | RS IN 12 Addition                      |
| SIGNATURE  12.  THEF  NAME  STREEL ADDRESS  THEEL ADDRESS  STREEL ADDRESS  | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE                 | (NOTE Registered<br>13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CF<br>2.1 TII<br>2.2 NA<br>2.3 ST   | Agent signature required to the signature requirement of the signature req | ulred when reinstating)  | DATÉ         | DIRECTOP Change                  | RS IN 12 Addition                      |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY: ST-ZIP THE NAME   | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE                 | (NOTE Registered<br>13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CF<br>2.1 TII<br>2.2 NA<br>2.3 ST   | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOP Change                  | RS IN 12 Addition                      |
| SIGNATURE  12.  11ILE  NAME  STREEL ADDRESS  CITY: S1-ZIP  TITLE  NAME  STREEL ADDRESS  CITY: S1-ZIP   | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and trite if applicable  S AND DIRECTORS  DELETE  DELETE         | (NOTE Registered<br>13.<br>1.1 TII<br>1.2 NA<br>1.3 ST<br>1.4 CI<br>2.1 TII<br>2.2 NA<br>2.3 ST<br>2.4 CI   | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change                 | Addition  Addition                     |
| SIGNATURE  11.  11ILI  NAME  STREEL ADDRESS  CITY: ST-ZIP  TITLE  STHEEL ADDRESS  CITY: ST-ZIP  TITLE  | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and trite if applicable  S AND DIRECTORS  DELETE  DELETE         | (NOTE Registered 13. 1.1 TO 1.2 NA 1.3 ST 1.4 CF 2.1 TO 2.2 NA 2.3 ST 2.4 CF 3.1 TO 3.2 NA 3.3 NA 3.3 NA  | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change                 | Addition  Addition                     |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY: ST-ZIP THEE NAME STREEL ADDRESS CITY: ST-ZIP THEE NAME STREEL ADDRESS CITY: ST-ZIP  | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE  DELETE  DELETE | (NOTE Registered  13. 1.1 TO 1.2 NA 1.3 ST 1.4 CF 2.1 TO 2.2 NA 2.3 ST 2.4 CF 3.1 TO 3.2 NA 3.3 ST 3.4 CF   | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change  Change         | Addition  Addition  Addition           |
| SIGNATURE  12.  THE NAME STREEL ADDRESS CITY: ST-ZIP THE NAME STREEL ADDRESS CITY: ST-ZIP THE NAME STREEL ADDRESS CITY: ST-ZIP THE STREEL ADDRESS CITY: ST-ZIP THE   | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | ed agent and trite if applicable  S AND DIRECTORS  DELETE  DELETE         | (NOTE Registered  13. 1.1 TO 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TO 3.2 NA 3.3 ST 3.4 CF 4.1 TII  | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change                 | Addition  Addition                     |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE  NAME  STREEL ADDRESS CITY-ST-ZIP  THE  NAME  STREEL ADDRESS CITY-ST-ZIP  THE  NAME  | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE  DELETE  DELETE | (NOTE Registered  13. 1.1 TO 1.2 NA 1.3 ST 1.4 CC 2.1 TO 2.2 NA 2.3 ST 2.4 CC 3.1 TO 3.2 NA 3.3 ST 3.4 CC 4.1 TO 4.2 NA   | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change  Change         | Addition  Addition                     |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS  | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE  DELETE  DELETE | (NOTE Registered  13. 1.1 TO 1.2 NA 1.3 ST 1.4 CC 2.1 TO 2.2 NA 2.3 ST 2.4 CC 3.1 TO 3.2 NA 3.3 ST 3.4 CC 4.1 TO 4.2 NA 4.3 ST  | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change  Change         | Addition  Addition  Addition           |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE STREEL ADDRESS CITY-ST-ZIP   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | BAND DIRECTORS DELETE DELETE DELETE                                       | (NOTE Registered  13. 1.1 TO 1.2 NA 1.3 ST 1.4 CF 2.1 TO 2.2 NA 2.3 ST 2.4 CF 3.1 TO 3.2 NA 3.3 ST 3.4 CF 4.1 TO 4.2 NA 4.3 ST 4.4 CF   | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change  Change         | Addition  Addition                     |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY ST-ZIP THE NAME STREEL ADDRESS STREEL ADDRESS   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | ed agent and title if applicable  S AND DIRECTORS  DELETE  DELETE  DELETE | (NOTE Registered  13. 1.1 TO 1.2 NA 1.3 ST 1.4 CF 2.1 TO 2.2 NA 2.3 ST 2.4 CF 3.1 TO 3.2 NA 3.3 ST 3.4 CF 4.1 TO 4.2 NA 4.3 ST 4.4 CF   | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOP Change Change Change    | Addition  Addition  Addition  Addition |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY ST-ZIP  THE STREEL ADDRESS CITY ST-ZIP  THE STREEL ADDRESS CITY ST-ZIP  THE TREEL ADDRESS | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | BAND DIRECTORS DELETE DELETE DELETE                                       | (NOTE: Registered  13. 1.1 Tri 1.2 NA 1.3 ST 1.4 Cr 2.1 Tri 2.2 NA 2.3 ST 2.4 Cr 3.1 Tri 3.2 NA 3.3 ST 3.4. Cr 4.1 Tri 4.2 NA 4.3 ST 4.4 Cr 5.1 Tri 5.2 NA                          | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOP Change Change Change    | Addition  Addition  Addition  Addition |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE STREEL ADDRESS CITY-ST-ZIP  THE NAME   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | DELETE  DELETE  | (NOTE: Registered  13. 1.1 Tri 1.2 NA 1.3 ST 1.4 Cf 2.1 Tri 2.2 NA 2.3 ST 2.4 Cf 3.1 Tri 3.2 NA 1.3 ST 4.4 Cf 4.1 Tri 4.2 NA 4.3 ST 4.4 Cf 5.1 Tri 5.2 NA 5.3 ST                    | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOP Change Change Change    | Addition  Addition  Addition           |
| SIGNATURE  12.  THEF  NAME  STREET ADDRESS  CITY: ST-ZIP  THEF  NAME  STHEET ADDRESS  CITY: ST-ZIP  THEE  NAME  STREET ADDRESS   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | BAND DIRECTORS DELETE DELETE DELETE                                       | (NOTE: Registered  13. 1.1 Tri 1.2 NA 1.3 ST 1.4 Cf 2.1 Tri 2.2 NA 2.3 ST 2.4 Cf 3.1 Tri 3.2 NA 1.3 ST 4.4 Cf 4.1 Tri 4.2 NA 4.3 ST 4.4 Cf 5.1 Tri 5.2 NA 5.3 ST                    | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOP Change Change Change    | Addition  Addition  Addition           |
| SIGNATURE  12.  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP  THE NAME  STREEL ADDRESS CITY-ST-ZIP   | OFFICERS  D MANCINI, JOHN A. 2817 ALAMANDA CT FT LAUDERDALE FL              | DELETE  DELETE  | (NOTE: Registered  13.  1.1 TII  1.2 NA  1.3 ST  1.4 CF  2.1 TII  2.2 NA  2.3 ST  2.4 CF  3.1 TII  3.2 NA  3.3 ST  3.4 CF  4.1 TII  4.2 NA  4.3 ST  4.4 CF  5.1 TII  5.2 NA  5.3 ST | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change  Change  Change | Addition  Addition  Addition  Addition |
| SIGNATURE  12.  THE NAME  STREET ADDRESS CITY: ST-ZIP THE STREET ADDRESS CITY: ST-ZIP THE STREET ADDRESS CITY: ST-ZIP THE  | OFFICERS  D MANCINI, JOHN A. 2617 ALAMANDA CT FT LAUDERDALE FL              | DELETE  DELETE  | (NOTE: Registered  13. 1.1 Til 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 4.3 ST 4.4 CI 5.1 Til 5.2 NA 5.3 ST 5.4 CI 6.1 Til 6.2 NA                           | Agent signature required to the signature re | ulred when reinstating)  | DATÉ         | DIRECTOR  Change  Change  Change | Addition  Addition  Addition  Addition |

To meterly certify that the information supplied with this litting does not qualify for the exemption stated in section 119,07(3)(i), Florida Statutes. Therefore certify that the information indicated on this 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 of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR POINTED NAME OF BIGNING OFFICER OR DIRECTOR

30/97 (954)763-4553