

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 22 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J69055 (8)  
 1. Corporation Name  
 BUILD, INCORPORATED



Principal Place of Business Mailing Address  
 % JOHN C. DOTERRER % JOHN C. DOTERRER  
 125 WORTH AVE STE 310 125 WORTH AVE STE 310  
 PALM BEACH FL 33480 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                     |  | 04/22/1987  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 23 City & State                |  | 28 City & State        |  | 59-2829263  |  |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired  |  |
| 25 Country                     |  | 30 Country             |  | 6. Election Campaign Financing Trust Fund Contribution  |  |
|                                |  |                        |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| DOTERRER, JOHN C.<br>125 WORTH AVE STE 310<br>PALM BEACH FL 33480 |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
|----------------------------|---------------------|--|---|---|--|
| TITLE                      | S                   | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | DOTERRER, JOHN C.   |  | 1.2 NAME  |   |  |
| STREET ADDRESS             | 125 WORTH AVE 310   |  | 1.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | PALM BEACH FL       |  | 1.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | PD                  | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | REED, A. LACHLAN    |  | 2.2 NAME  |   |  |
| STREET ADDRESS             | 125 WORTH AVE 310   |  | 2.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | PALM BEACH FL       |  | 2.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      | VPT                 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | REED, HAROLD SWEATT |  | 3.2 NAME  |   |  |
| STREET ADDRESS             | 12208 INDIAN ROAD   |  | 3.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                | NORTH PALM BCH FL   |  | 3.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                     |  | 4.2 NAME  |   |  |
| STREET ADDRESS             |                     |  | 4.3 STREET ADDRESS                                    |   |  |
| CITY-ST-ZIP                |                     |  | 4.4 CITY-ST-ZIP                                       |   |  |
| TITLE                      |                     | <input type="checkbox"/> DELETE            | 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                      |                     | <input type="checkbox"/> DELETE            | 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 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.

SIGNATURE: *[Signature]* 7/7/98 561-655-7297

CR2E034 (5/98)