

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN -9 AM 9:09

DOCUMENT # J88968 (9)
1. Corporation Name
FLORIDA STOREBUILDERS, INC.

Principal Place of Business Mailing Address
**3900 CLARK RD LZ 3900 CLARK RD
5900 ALBERT PLACE SUITE L2
SARASOTA FL 34233 SARASOTA FL 34233
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/24/1987** 3a. Date of Last Report **06/23/1994**
4. FEI Number **65-0034392** 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**
7. This corporation has liability for intangibles tax under s. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3900 CLARK RD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE L-2** 27
City & State City & State
23 **SARASOTA FL** 28
Zip Country Zip Country
24 **34233 US** 29 **US** 30

9. Name and Address of Current Registered Agent
**CIRONE, GARY J.
5930 ALBERT PLACE
SARASOTA FL 34231**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CIRONE, GARY J.
STREET ADDRESS	5930 ALBERT PLACE
CITY - ST - ZIP	SARASOTA FL
TITLE	V
NAME	PAQUETTE, BRUCE W.
STREET ADDRESS	516 BEACH ROAD
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	CIRONE, WENDY
STREET ADDRESS	4013 HIGEL AVE.
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a 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, changed, or on an attachment with an address.

SIGNATURE: *Gary J. Cirone* **GARY J. CIRONE, PRESIDENT** Date **6-5-95** **813-925-3747**

CR2E034 (3/95)