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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K21658**

(5)

SOUTHERN BUILDERS. INC. Principal Place of Business Mailing Address % STEVEN ROSENSWEIG * STEVEN ROSENSWEIG 4001 S.W. 5TH AVE 4001 S.W. 5TH AVE OCALA FL 34474 OCALA FL 34474-6012 3a. Date of Last Report Date Incorporated or Qualified 03/16/1988 10/02/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0078279 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country $Z_{\rm ID}$ Zip This corporation has liability for Intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENSWEIG, STEVEN 4001 S.W. 5TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34474** 83 84 City Zip Code 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) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition HILE 1.1 TITLE ROSENSWEIG, STEVEN 12 NAME 4001 SW 5Th AVE 41001 NW 34 PL STREET ADDRESS 1.3 STREET ADDRESS OCALA, FL 34474-601 -CUNRISE FL CITY-ST-ZIE 1.4 CITY-ST-ZIP Change Addition 21 TITLE TITLE HAMi 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIE 2.4 City-St-ZiP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY- ST. ZIP 4 4 City-St-ZiP DELETE Change ☐ Addition THEF 51 TIBLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-SI-ZIP 54 CITY-ST-ZIP DELETE Change Addition THE 61 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS**

14. I do hereby certify that the information supplied with this filling 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

64 CITY-ST-ZIP

SIGNATURE:

CHY-S1-20

FILED

May 15 1997 8:00am

Secretary of State