FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCL	IMENIT	#

DOCUN 1. Corporation	MENT # K5864	16	(6)			
,	RELAND BUILDERS, INC.					
Principal Place	of Business	Mailing Addre	SS.			910 0111 07011 01011 01011 0f911 0f011 01011 1001
1576 SHOR	RELAND DRIVE. EAST CH FL 32963	1576 SHO	RELAND DRIVE, EAS If FL 32963	Т		
					3. Date Incorporated or Qualified 01/17/1989	3a. Date of Last Report 04/17/1995
2. Principal Place of Business 2a. Mailing Address		ldress		4. FEI Number 65-0094157	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Sta	te		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zıp		untry	8. This corporation has liability for	
24	25	29	30	T	Florida Statutes Y Yes No 10. Name and Address of New Registered Agent	
	9, Name and Address of Curren	r riedisteren wäer	15	81 Name /		<u> </u>
COLLIN	NS, GEORGE G. JR.			W	HEELWRIGHT, KOG	er O,
	ACHLAND BLVD			82 Street Addre	ess (P.O. Box Number is Not Acceptate	RIVE EAST
	BEACH FL 35963			83		
				84 City 1 / -		85 Zin Code
				VA	RO BEACH	FL 85 Zip Code 3 2963
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	and 607.1508, Flo da. Such change w	rida Statutes, the ab as authorized by the	ove-named corpora corporation's boar	ation submits this statement for the purid of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	th and accept the obligations of, secti	ion 607.0505, Florid	la Statutes.		011	£ 24, 1996
SIGNATURE _	Signature, by d or printed name of registered agent	and title if application	NOTE Registere	d Agent signature required	d when reinstating!	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	DPT PARTY PAGES O			111T€		Change Addition
NAME	WHEELWRIGHT, ROGER O.			IAME		
STHEET ADDRESS	1576 SHORELANDS DR E VERO BCH FL			STREET ADDRESS		
TITLE	S SENO BUT PL			CITY-ST-ZIP TITLE		Crange Addition
NAME	GIEBINK, BARBARA S.			IAME		
STREET ADDRESS	1576 SHORELANDS DR E			STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL			CITY-ST-ZIP		
TITLE	72.70		ELETE 3 1			Change Addition
NAMÉ		_	3.2 M	IAME		
STREET ADDRESS			33	STREET ADDRESS		
CHTY-ST-ZIP				CITY-ST-ZIP		
T:TLE			DELETE 4.1	TITLE		Change Addition
NAME			4.21	AME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		□ Channa
TITLE		ĻΙ		TITLE		Change Addition
NAME				IAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE		<u> </u>	DELETE 6.1	CITY-ST-ZIP		Change Addition
		۰ اسا	 	11111		
			626	_		
NAME				NAME		
			635	_		

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:

APP. 24,1996 407/23/-2057