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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K68955 (9)
1. Corporation Name
OWNER BUILDER, INC.



Principal Place of Business: PAT DOSDOURIAN, 11055 MONET LN, PALM BCH GDNS FL 33410
Mailing Address: PAT DOSDOURIAN, 11055 MONET LN, PALM BCH GDNS FL 33410-3305

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 11107 Monet Ln
22 Suite, Apt. #, etc.
23 Palm Bch. Gardens, Fl.
24 33410 25 USA
2a. Mailing Address
26 649 US Hwy #1
27 SUITE #8
28 No. Palm Bch, Fl.
29 33408 30 USA

4. FEI Number: 65-0101022
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PAT, DOSDOURIAN
11055 MONET LN
PALM BCH GDNS FL 33410

10. Name and Address of New Registered Agent
81 Name: DOSDOURIAN, PAT
82 Street Address (P.O. Box Number is Not Acceptable): 11107 MONET LN.
83
84 City: Palm Bch. Gdns FL 85 Zip Code: 33410

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 607.0504, Florida Statutes.
SIGNATURE: Pat Dordourian PAT DOSDOURIAN DATE: 2/19/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOSDOURIAN, SAM	
STREET ADDRESS	11055 MONET LN	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DOSDOURIAN, PAT	
STREET ADDRESS	11055 MONET LN	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOSDOURIAN, SAM	
1.3 STREET ADDRESS	11107 MONET LN.	
1.4 CITY - ST - ZIP	PALM BCH. GARDENS, FL. 33410	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOSDOURIAN, PAT	
2.3 STREET ADDRESS	11107 MONET LN.	
2.4 CITY - ST - ZIP	PALM BCH GDNS, FL. 33410	
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 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 a change or on an attachment with an address.
SIGNATURE: Pat Dordourian PAT DOSDOURIAN 2/19/97 561-626-2761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)