

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMPA, FLORIDA  
Secretary of State

APPROVED  
FILED

DOCUMENT # **K86165** (3)

MAY 10 11 13:35

**SOLID BUILDERS CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation		3a. Date of Last Report	
1901 W. CYPRESS CREEK RD. #102 FT. LAUDERDALE FL 33309 US		1901 W CYPRESS CREEK RD #102 FT. LAUDERDALE FL 33309 US		05/08/1989		02/08/1994	
2. Principal Place of Business	2a. Mailing Address	4. FID Number	Applied For / Not Applicable				
21	26	65-0117686					
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	28	6. Election Campaign Contributions / Trust Fund Contributions	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	25	29	30	8. This corporation has liability for intangible tax under 215.15 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILSHEIN, MICHAEL 530 JUNIPER PLACE WELLINGTON FL 33414				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 215.07 and 215.071, Florida Statutes, this 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 in compliance with the provisions of Sections 215.07 and 215.071, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	P	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSHEIN, TZVI	NAME	
STREET ADDRESS	530 JUNIPER PLACE	STREET ADDRESS	
CITY	WELLINGTON FL	CITY	
OFFICER	V	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSHEIN, MICHAEL	NAME	
STREET ADDRESS	530 JUNIPER PLACE	STREET ADDRESS	
CITY	WELLINGTON FL	CITY	
OFFICER	TS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSHEIN, TZVI	NAME	
STREET ADDRESS	530 JUNIPER PLACE	STREET ADDRESS	
CITY	WELLINGTON FL	CITY	

14. I hereby certify that the information supplied with this filing is substantially true and correct, for the corporation stated in section 11(1)(b) of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my capital account page this year is not affected by any change in equity that has an effect on the balance of the corporation or the transfer of shares reported to me on this report as required by the Florida Statutes, and that my capital account page is not affected by any change in equity that has an effect on the balance of the corporation or the transfer of shares reported to me on this report as required by the Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPE IN PRINT OF SIGNING OFFICER OR DIRECTOR  
TZVI MILSHEIN  
3/29/95  
305-577-5785