

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

**APPROVED
AND
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96 JUN -5 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **K 86165**
1. Corporation Name
SOLID BUILDERS CORP.

Principal Place of Business: **3132 N. PINE ISLAND RD. SUNRISE, FLA 33351**
Mailing Address: **3132 N. PINE ISLAND RD SUNRISE FLA 33351**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
4	FEL Number	Applied For	
	MAY 8 1989	Not Applicable	
	65-0117686		
5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, 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			
MICHAEL MILSHTAIN 3132 N. PINE ISLAND RD SUNRISE, FLA. 33351				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: *Michael Milshstein* **MICHAEL MILSHTAIN.** DATE: **5/10/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TZVI MILSHTAIN	SUNRISE		1.2 NAME			
STREET ADDRESS	3132 N. PINE ISLAND RD.	FLA. 33351		1.3 STREET ADDRESS			
CITY - ST - ZIP	SUNRISE FLA 33351			1.4 CITY - ST - ZIP			
TITLE	PO	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TZVI MILSHTAIN	SUNRISE		2.2 NAME			
STREET ADDRESS	3132 N. PINE ISLAND RD	SUNRISE		2.3 STREET ADDRESS			100001852481
CITY - ST - ZIP	FLA 33351			2.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TZVI MILSHTAIN			3.2 NAME			
STREET ADDRESS	MICHAEL 3132 N. PINE ISLAND RD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	SUNRISE, FLA 33351			3.4 CITY - ST - ZIP			
TITLE	VP+T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL MILSHTAIN			4.2 NAME			
STREET ADDRESS	3132 N. PINE ISLAND RD			4.3 STREET ADDRESS			
CITY - ST - ZIP	SUNRISE, FLA 33351			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 119.07(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 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: _____ DATE: **6/4/96** OFFICE PHONE: **954-572-3885**

CR2E034 (12/95)