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Mar 19 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 # L27770 (1)

1. Corporation Name  
AMERICAN BUILDER SPECIALTIES, INC.



Principal Place of Business Mailing Address  
6935 DISTRIBUTION DRIVE EAST JACKSONVILLE FL 32256  
6935 DISTRIBUTION DRIVE EAST JACKSONVILLE FL 32256

3. Date Incorporated or Qualified 10/31/1989  
3a. Date of Last Report 04/09/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-2194961	Applied For	Not Applicable
22	Subc. Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Country	30	Country				

9. Name and Address of Current Registered Agent

PRESSER, EDWIN  
4811 BEACH BLVD.  
SUITE 302  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name Edwin Presser  
82 Street Address (P.O. Box Number is Not Acceptable) 4417 Beach Boulevard  
83 Suite 310  
84 City Jacksonville FL 85 Zip Code 32207

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 *Edwin Presser* DATE 3/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, STANLEY W.	1.2 NAME	
STREET ADDRESS	3365 CHRYSLER DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JOSEPH	2.2 NAME	P RANDY O MILLER
STREET ADDRESS	3420 LA VISTA CIRCLE 408	2.3 STREET ADDRESS	3353 PEACHTREE RD NE
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	ATLANTA, GA 30326
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		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		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 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.

SIGNATURE: *Stanley W. Cohen* DATE: 3-12-97

CR2E034 (9/96)