

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

DOCUMENT # **L49961** (0)

1. Corporation Name

ALL-AMERICAN BUILDING SUPPLY, INC.



Principal Place of Business

Mailing Address

**11909 WEST SAMPLE RD
CORAL SPRINGS-FL 33065
US**

**11909 WEST SAMPLE RD
CORAL SPRINGS FL 33065
US**

3. Date Incorporated or Qualified

02/14/1990

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 11909 West Sample Rd

26 11909 West Sample Rd

4. FEI Number

65-0180281

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Coral Springs FL

28 Coral Springs FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33065

25 Broward

29 33065

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWCZEK, JOHN
6993 NW 5TH CT
MARGATE FL 33063**

81 Name BONCZEK JOHN

**82 Street Address (P.O. Box Number is Not Acceptable)
6993 NW 5th Court**

83

84 City MARGATE

FL

85 Zip Code 33063

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

Signature, typed or printed name of registered agent and true and accurate

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
BONCZEK, JOHN
6993 NW 5TH CT
MARGATE FL**

TITLE ☐ DELETE

**VS
BONCZEK, LINDA
6993 NW 5TH COURT
MARGATE FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS**

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS**

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS**

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 or authorized agent of the corporation or the receiver or trustee or authorized agent of the corporation; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN BONCZEK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

954 340 0999
Daytime Phone #

CR2E034 (12/95)