SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Aug 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L57915 (5)WINTER PARK DESIGN & BUILD, INC. Mailing Address Principal Place of Business 1896 KENTUCKY AVE. 1896 KENTUCKY AVE. WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/,1996 *03/16/1990* 2. Principal Place of Business Mailing Address Applied For 21 26 Not Applicable 59-2998783 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the durrent year Intangible 24 29 Personal Property Tax due June 30. Yes. ∏ No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STONE, STEPHEN M 725 N. MAGNOLIA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TIME Change ___ Addition TITLE NAME MEYER, CLIFTON M 1.2 NAME 1896 KENTUCKY AVE. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE LEE, MARK R NAME 2.2 NAME 28850 BEAUCLAIRE DR. 2.3 STREET ADDRESS STREET ADDRESS **TAVARES FL** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LEE, ALISA D NAME 3.2 NAME 28850 BEAUCLAIRE DR. 3.3 STREET ADDRESS STREET ADDRESS TAVARES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MEYER, JEFFREY T. NAME 4. 2 NAME 1896 KENTUCKY AVE. STREET ADDRESS 4.3 STREET ADDRESS **WINTER PARK FL** CITY-ST-ZIP 4.4 CITY-\$1-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 supplier or tall anotal report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the corporation of the cover or trusted among the execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block

odal roport is true and accurate and that my signature shall have the same legal effect as if made under oath; that truster empoying ad to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED