

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L85662** (9)
1. Corporation Name
BUILDER'S CHOICE LUMBER & BUILDING SUPPLIES, INC



Principal Place of Business 2506 N ROOSEVELT BLVD KEY WEST FL 33040	Mailing Address 2506 N ROOSEVELT BLVD KEY WEST FL 33040-3927
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1990	3a. Date of Last Report 06/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0205977		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAVITZ, HAROLD P. 7600 W 20TH AVE #223 HIALEAH FL 33016		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIRECTOR ONLY
NAME	RILEY, PETER	1.2 NAME	RILEY, PETER
STREET ADDRESS	115 PRIMROSE LANE	1.3 STREET ADDRESS	115 PRIMROSE LANE
CITY-ST-ZIP	LAYTON FL	1.4 CITY-ST-ZIP	LAYTON, FL
TITLE	DVP	2.1 TITLE	DIRECTOR, PRESIDENT
NAME	DALE, PETERSEN	2.2 NAME	GARDNER, RICHARD
STREET ADDRESS	3601 NORTHSIDE DR	2.3 STREET ADDRESS	18 EL MONTE LANE
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	KEY WEST, FL
TITLE	DVP	3.1 TITLE	
NAME	KRAVITZ, HAROLD P	3.2 NAME	
STREET ADDRESS	7600 W 20TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	DIRECTOR - CHAIRMAN
NAME	FOTI, GEORGE L	4.2 NAME	FOTI, GEORGE L
STREET ADDRESS	65700 OVERSEAS HWY	4.3 STREET ADDRESS	6500 OVERSEAS HWY
CITY-ST-ZIP	LONG KEY FL	4.4 CITY-ST-ZIP	LONG KEY, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 in an attachment with an address.

SIGNATURE: **George L Foti** 4/14/97 305-271-9896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)