SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .85662

BUILDER'S CHOICE LUMBER & BUILDING SUPPLIES, INC

Country

9. Name and Address of Current Registered Agent

25

KRAVITZ, HAROLD P. 7600 W 20TH AVE

HIALEAH FL 33016

Principal Place of Business 2506 N ROOSEVELT BLVD KEY WEST FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

#223

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

28 Zip

29

2506 N ROOSEVELT BLVD KEY WEST FL 33040

FILED Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90010 034 ***550.00

003367 - 90010 - 34



DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified					
07/09/1990					
4. FEI Number	Applied For				
65-0205977	- Not Applicable				
5. Certificate of Status Desired	\$8.75 Additional Fee Required				

	6.	Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees	
Country	8.	This corporation owes the current Intangible Personal Property.	year	Yes	⊠ No	
	10.	Name and Address of New Reg	istered	Agent		
81	Name				**	
82	Street Address (P.O. Box Number is Not Acceptable)					
83		** *** *******************************				

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

City

30

agent. I a	am familiar with, and accept the obligations of, section 607.050	5, Florida Statutes.	, , ,
SIGNATURE	-		
-10	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signatur	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	
TITLE	D DELET	E 1.1 TITLE	Change Addition
NAME	RILEY, PETER	1.2 NAME	
STREET ADDRESS	115 PRIMROSE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAYTON FL	1.4 CITY-ST-ZIP	
TITLE	DP DELET	E 2,1 TITLE	Change Addition
NAME	GARDNER, RICHARD	2.2 NAME	
STREET ADDRESS	18 EL MONTE L'ANE	2.3 STREET ADDRESS	المجيدية المعتبون والمنافر والمارات والمارات والمارات والمارات والمارات والمارات والمارات والمارات والمارات وا
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	DVP DELET	E 3.1 TITLE	Change Addition
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	CD DELET	E 4.1 TITLE	CD Change Addition
NAME	FOTI, GEORGE L	4.2 NAME	Foti, george &
STREET ADDRESS	6500 OVERSEAS HWY	4.3 STREET ADDRESS	Po Box 222
CITY-ST-ZIP	LONG KEY FL	4.4 CITY-ST-ZIP	GRUATIN GATEWAY, HT 59730
TITLE	☐ DELET	E 5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	* 1 * 1 * 1	5.4 CITY-ST-ZIP	
TITLE	DELET	E 6.1 TITLE	Change Addition
NAME		6.2 NAME	·
STREET ADDRESS	,	6.3 STREET ADDRESS	

14. I 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 owne appropriation 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

SIGNATURE:

Zip Code

85