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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M80022

(0)

KOBRIN BUILDERS SUPPLY OF ORANGE CITY, INC.

Principal Place of Business Mailing Address						BIBIT \$1811 01911 BIBIT BIBIT \$1811 1891
2121 SR 472 DELAND FL 32724		2121 SR 472 DELAND FL 32724-9615				
Ì					3. Date incorporated or Qualified	3a. Date of Last Report
2 Principal S	lace of Business	2a. Mailing Address			<b>05/02/1988</b> 4. FEI Number	03/01/1996 Applied For
<b>├</b> '		26	Manual Addition		59-2887631	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	eg 75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	ı ´		6. Election Campaign Financing	\$5.00 May Be
23		28	Zip Country		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7ip	30	шу	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes
24	9. Name and Address of Curren		]30]	<del></del>	10. Name and Address of New Re	<del>-</del>
KO	BRIN, HARVEY N.			81 Name		
1401 ATLANTA AVE.				B2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	LANDO FL 32806		1			
				83		
				84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above name					poration submits this statement for the n	urrose of changing its registered
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 register 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 ago			Agent signature requir		DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	DP DELETE		11 18			Change Addition
STREET ADDRESS	KOBRIN, HARVEY 1401 ATLANTA AVE.		1.2 NAI	ME REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		- 1	Y-S1-ZIP		
TITLE	DV	DELETE	2.1 1)[			Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS	1401 ATLANTA AVE		2.3 \$14	REEL ADDRESS		
CITY-ST-ZIP				IY-ST-ZIP		
TITLE	201		3.11(1)	1		☐ Change ☐ Addition
NAME	KOBRIN, NANCYE		3.2 NAI	\ \		
STREET ADDRESS CITY-ST-ZIP	1401 ATLANTA AVE. ORLANDO FL			REET ADDRESS		
TITLE	VP	DELETE	34. City-St Delete 4.1 tille			Change Addition
NAME	WARD, RUSSELL		4 2 NA			
STREET ADDRESS	2121 SR 472			REE1 AUDRESS		
CITY-ST-ZIP	DELAND FL 4.44		4.4 C(1	Y - S1 - ZIP		
TITLE		□ DELETE	5.1 111	l l		Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	Y-\$1-7IP	***************************************	Change Addition
""LE			0   111	LT		LT CHANGE LT MUCHION

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 supplied that 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 of the repellips or further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CIONATUDE.

STREET ADDRESS CHTY-ST-ZIP

2/17/91

401-843-1000

**FILED** 

Mar 14 1997 8:00am

Secretary of State