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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12419** (0)

1. Corporation Name

FLORIDA SPACE COAST CHAPTER-INFORMATION, ASSOCIATED BUILDERS AND CONTRACTORS, INC.

Principal Place of Business 1900 S. HARBOR CITY BLVD. #320 MELBOURNE FL 32092-2296	Mailing Address 1900 S. HARBOR CITY BLVD. #320 MELBOURNE FL 32092-2296
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3. Date Incorporated or Qualified 12/06/1985
4. FEI Number 59-2613702
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 817 Dixon Blvd. Suite, Apt. #, etc. 22 Suite 10 B City & State 23 Cocoa, Florida Zip 24 32922	2a. Mailing Address 26 817 Dixon Blvd. Suite, Apt. #, etc. 27 Suite 10 B City & State 28 Cocoa, Florida Zip 29 32922	Country 25 USA	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TORPY, VINCENT G. JR.
930 S. HARBOR CITY BLVD. #505
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name Edward J. Kinberg
82 Street Address (P.O. Box Number is Not Acceptable) 2101 Waverly Place
83 Suite 200
84 City Melbourne
85 Zip Code FL 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **January 30, 1998**
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BUTCHER, WILLIAM H	
STREET ADDRESS 621 PARK AVENUE	
CITY-ST-ZIP TITUSVILLE FL	
TITLE SVP	<input checked="" type="checkbox"/> DELETE
NAME KINBERG, EDWARD	
STREET ADDRESS 2101 WAVERLY PLACE STE 200	
CITY-ST-ZIP MELBOURNE FL	
TITLE T	<input type="checkbox"/> DELETE
NAME STEWART, FRANCIS M	
STREET ADDRESS 1885 CRANE CREED BLVD.	
CITY-ST-ZIP MELBOURNE FL 32940	
TITLE PPD	<input checked="" type="checkbox"/> DELETE
NAME HODGES, DAN J	
STREET ADDRESS 630 AZALEA DRIVE	
CITY-ST-ZIP MERRITT ISLAND FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME FORTE, RONALD	
STREET ADDRESS 1001 TROPIC STREET	
CITY-ST-ZIP TITUSVILLE FL 32796	
TITLE D	<input type="checkbox"/> DELETE
NAME SARDINEER, ROSANN	
STREET ADDRESS 230 HARDEE LANE	
CITY-ST-ZIP ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Kinberg, Edward J.	
1.3 STREET ADDRESS 2101 Waverly Place Ste. 200	
1.4 CITY-ST-ZIP Melbourne, FL 32901	
2.1 TITLE 1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Hood, Ralph	
2.3 STREET ADDRESS 1703 S. Washington Ave.	
2.4 CITY-ST-ZIP Titusville, FL 32780	
3.1 TITLE 2nd VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Gass, Matthew	
3.3 STREET ADDRESS 3340 Lillian Blvd.	
3.4 CITY-ST-ZIP Titusville, FL 32782	
4.1 TITLE PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Butcher, William H.	
4.3 STREET ADDRESS 620 Park Ave.	
4.4 CITY-ST-ZIP Titusville, FL 327896	
5.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Isaacs, James E.	
5.3 STREET ADDRESS 644 Clearlake Road Suite A	
5.4 CITY-ST-ZIP Cocoa, FL 32922	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Robinson, John A.	
6.3 STREET ADDRESS 450 Cox Rd.	
6.4 CITY-ST-ZIP Cocoa, FL 32926	

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Edward J. Kinberg, President** *[Signature]* (407) 722-2006

CR2E037 (10/97)