


FILE NOW: FILING FEE IS \$61.25

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Feb 09 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 # **N12923** (1)

1. Corporation Name
SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business % GULF STREAM LUMBER COMPANY 1415 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435	Mailing Address 98 AZALEA CIRCLE BOYNTON BEACH FL 33436 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 01/09/1986
4. FEI Number 65-0038566
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent LAWSON, JOE 98 AZALEA CIRCLE BOYNTON BEACH FL 33436	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CRUZE, KIRK	1.2 NAME	CRUZE, KIRK
CITY-ST-ZIP	HALF MILE LUMBER 9500 W ATLANTIC AVE DELRAY BEACH FL	1.3 STREET ADDRESS	HALF MILE LUMBER 9500 W ATLANTIC AVE DELRAY BEACH FL
TITLE	VP	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BUDDE, RON	2.2 NAME	GILMAN, GELATT
STREET ADDRESS	A-1 ROOF TRUSSES	2.3 STREET ADDRESS	HALF MILE LUMBER 9500 W ATLANTIC AVE DELRAY BEACH FL
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RUEDE, MIKE	3.2 NAME	
STREET ADDRESS	A1 ROOF TRUSSES, 199 PIKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LAWSON, JOE	4.2 NAME	
STREET ADDRESS	98 AZALEA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	NICHOLAS, PERRY	5.2 NAME	SEMGCO 7265 N.W. 74TH ST.
STREET ADDRESS	STRUCTURAL CONNESTIONS, 1799 DESOTO RD	5.3 STREET ADDRESS	SEMGCO 7265 N.W. 74TH ST.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	MANI, FL 33166
TITLE	D	6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	LEASOR, JOHN	6.2 NAME	LEASOR, JOHN
STREET ADDRESS	SCOSTA CORP., 407 COMMERCE WAY	6.3 STREET ADDRESS	CHAMBERS ROAD TRUSS, INC
CITY-ST-ZIP	JUPITER FL 33458	6.4 CITY-ST-ZIP	3105 OXFORD AVE. FT. PIERCE, FL

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: _____ 2-1-98 561-724-5208

CR2E037 (10/97)