

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14862** (9)
1. Corporation Name
ASSOCIATIONS OF BUILDERS AND CONTRACTORS INSTITUTE, INC.



Principal Place of Business Mailing Address
C/O DWIGHT L. FOSTER
47000 NW 2ND AVENUE
BOCA RATON FL 33431

3. Date Incorporated or Qualified **05/09/1986** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2714096** Applied For
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **4700 NW 2nd AVENUE** 26 **4700 NW 2nd AVENUE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

9. Name and Address of Current Registered Agent

FOSTER, DWIGHT L.
4700 NW 2ND AVENUE
BOCA RATON FL 33431

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|---------------------|---------------------------|-----------------|---------------------------------|
| CD | LANGER, ROBERT E | 7389 NW 8TH ST | MIAMI FL | <input type="checkbox"/> |
| PD | YARBOROUGH, HAROLD | 5800 RODMAN ST | HOLLYWOOD FL | <input type="checkbox"/> |
| SD | PRIBYL, JAMES H | 4747 NOB HILL RD, STE 12 | SUNRISE FL | <input type="checkbox"/> |
| TD | KELLY, JR T H | HWY 12 SOUTH | AVON NC | <input type="checkbox"/> |
| M | FOSTER, DWIGHT | 4700 NW 2 AVE | BOCA RATON FL | <input type="checkbox"/> |
| D | DAVIS, CHARLES I SR | 6955 NW 77TH AVE, STE 303 | MIAMI FL | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|------------------|--------------------|---------------------------|--|
| | Langer, Roger E. | | | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> |
| | | 4003 Arena Road | Louisiana 70664 (Sulphur) | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES I. DAVIS, SR.

Date

Daytime Phone #

04/22/96

407-994-2640

CR2E037 (12/95)