


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 4700 NW 2ND AVE BOCA RATON FL 33431 US | Mailing Address 4700 NW 2ND AVE BOCA RATON FL 33431-4878 US |
|--|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
|--------------------------------|---------------------|

| | |
|----|----|
| 21 | 26 |
|----|----|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|----|----|
| 22 | 27 |
|----|----|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|----|----|
| 23 | 28 |
|----|----|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | | |
|----|----|----|----|
| 24 | 25 | 29 | 30 |
|----|----|----|----|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/09/1986 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2714096 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| |
|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | CD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LANGER, ROGER E. | 1.2 NAME | MICHAEL A. KATULKA |
| STREET ADDRESS | 7389 NW 8TH ST | 1.3 STREET ADDRESS | 3949 S.W. 12th COURT |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FLORIDA |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | YARBOROUGH, HAROLD | 2.2 NAME | LAWRENCE PASETTI, III |
| STREET ADDRESS | 5800 RODMAN ST | 2.3 STREET ADDRESS | 4700 N.W. 2nd AVENUE |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY-ST-ZIP | BOCA RATON, FLORIDA |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRIBYL, JAMES H | 3.2 NAME | HAROLD YARBOROUGH |
| STREET ADDRESS | 4747 NOB HILL RD, STE 12 | 3.3 STREET ADDRESS | 5800 RODMAN STREET |
| CITY-ST-ZIP | SUNRISE FL | 3.4 CITY-ST-ZIP | HOLLYWOOD, FLORIDA |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KELLY, JR T H | 4.2 NAME | WARREN GRIFFIN |
| STREET ADDRESS | 4003 ARENA RD | 4.3 STREET ADDRESS | 10850 S.E. LENNARD ROAD |
| CITY-ST-ZIP | SULFUR LO | 4.4 CITY-ST-ZIP | PORT ST. LUCIE, FLORIDA |
| TITLE | M <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, DWIGHT | 5.2 NAME | |
| STREET ADDRESS | 4700 NW 2 AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, CHARLES I SR | 6.2 NAME | |
| STREET ADDRESS | 6955 NW 77TH AVE, STE 303 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

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 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: _____ 4/23/97 561-994-7140

CR2E037 (9/96)