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May 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 # **N14862** (9)

1. Corporation Name

ASSOCIATIONS OF BUILDERS AND CONTRACTORS INSTITUTE, INC.

Principal Place of Business

Mailing Address

4700 NW 2ND AVE
BOCA RATON FL 33431
US

4700 NW 2ND AVE
BOCA RATON FL 33431
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/09/1986

4. FEI Number

59-2714096

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME CD
STREET ADDRESS KATULKA, MICHAEL A
CITY-ST-ZIP 3949 SW 12TH CT
FT LAUDERDALE FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS PASETTI, MI L
CITY-ST-ZIP 4700 NW 2ND AVE
BOCA RATON FL

TITLE ☒ DELETE
NAME SD
STREET ADDRESS PRIBYL, JAMES H
CITY-ST-ZIP 4747 NOB HILL RD, STE 12
SUNRISE FL

TITLE ☒ DELETE
NAME TD
STREET ADDRESS GRIFFIN, WARREN
CITY-ST-ZIP 10850 SW LENNARD RD
PORT ST LUCIE FL

TITLE ☐ DELETE
NAME M
STREET ADDRESS FOSTER, DWIGHT
CITY-ST-ZIP 4700 NW 2 AVE
BOCA RATON FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS DAVIS, CHARLES I SR
CITY-ST-ZIP 6955 NW 77TH AVE, STE 303
MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME CD
1.3 STREET ADDRESS GARY ANDERSON
1.4 CITY-ST-ZIP 10050 NW 116 WAY, BAY 16
MEDLEY, FLORIDA 33178

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS DAVIS, CHARLES I. SR.
2.4 CITY-ST-ZIP 4700 NW 2nd AVENUE
BOCA RATON, FLORIDA 33431

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD
3.3 STREET ADDRESS GRIFFIN, WARREN
3.4 CITY-ST-ZIP 10850 SE LENNARD ROAD
PORT ST. LUCIE, FLORIDA 34952

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TD
4.3 STREET ADDRESS KATULKA, MICHAEL A
4.4 CITY-ST-ZIP 3949 SW 12TH CT
FT. LAUDERDALE, FLORIDA 33312

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME D
6.3 STREET ADDRESS BRADFORD, MIKE
6.4 CITY-ST-ZIP 7950 S. MILITARY TRAIL STE. 105
LAKE WORTH, FLORIDA 33463

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:

[Signature]

6 APR 1998 8 30-554264

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