

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90086 031 ****70.00

DOCUMENT # N14862

1. Corporation Name

**ASSOCIATIONS OF BUILDERS AND CONTRACTORS INSTITU
TE, INC.**

Principal Place of Business

4700 NW 2ND AVE
BOCA RATON FL 33431
US

Mailing Address

4700 NW 2ND AVE
BOCA RATON FL 33431
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME ANDERSON, GARY
STREET ADDRESS 10050 NW 116TH WAY BAY #16
CITY-ST-ZIP MEDLEY FL 33178 ☒ DELETE

TITLE PD
NAME DAVIS, CHARLES I S
STREET ADDRESS 4700 NW 2ND AVE
CITY-ST-ZIP BOCA RATON FL 33431 ☒ DELETE

TITLE SD
NAME GRIFIN, WARREN
STREET ADDRESS 10850 SE LENNARD ROAD
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ DELETE

TITLE TD
NAME KATULKA, MICHAEL A
STREET ADDRESS 3949 SW 12TH COURT
CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ DELETE

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

TITLE D
NAME BRADFORD, MIKE
STREET ADDRESS 7950 S MILITARY TRAIL SUITE #105
CITY-ST-ZIP LAKE WORTH FL 33463 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME STRATTON, JIM
1.3 STREET ADDRESS 7546 ENTERPRISE DRIVE
1.4 CITY-ST-ZIP WEST PALM BEACH, FLORIDA 33404

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME BRADFORD, MIKE
2.3 STREET ADDRESS 7950 S. MILITARY TRAIL STE. 105
2.4 CITY-ST-ZIP LAKE WORTH, FLORIDA 33463

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME DAVIS, CHARLES I. SR.
6.3 STREET ADDRESS 4700 NW 2nd AVENUE
6.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33431

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRADFORD 55 561-994-2640

0043417

CR2E037 (11/98)