2004 NOT-FOR-PROFIT CORPORATION JANNUAL REPORT (AR)

| DOCUMENT # N21812 1. Entity Name S.T. BUILDING FUND, INC.  |   |                |   |           |     |  |                                       | Feb 03, 2004 08:00 AM<br>Secretary of State |                                |                                       |  |
|--|---|----------------|---|-----------|-----|--|---------------------------------------|---|--------------------------------|---------------------------------------|--|
| Principal Place of Business Ma   |   |                |   | g Address |     |  | _                                     |   |                                |                                       |  |
| % PHILIP CHESLER<br>7076 HUNTINGTON LANE, APT. 806<br>DELRAY BEACH FL 33446  |   |                | % PHILIP CHESLER<br>7076 HUNTINGTON LANE, APT. 806<br>DELRAY BEACH FL 33446 |           |     | 1555   | ana dhabi dhaaf (Bhat (Sasa Sas) Hi   | ### ##################################      | <b>2</b> 77721 EL 1452         |                                       |  |
| 2. Principal Place of Business   |   |                | 3. Mailing Address  |           |     | •  |                                       |   |                                |                                       |  |
| Suite, Apt. #, etc   |   |                | Suite, Apt. #, etc.   |           |     |  | MOORE CF                              | 82E037 (11/03)                              |                                |                                       |  |
| City & State   |   |                | City & State  |           |     |  | 4. FEI Number                         | 65-0021068                                  | <u> </u>                       | pplied For<br>ot Applicable           |  |
| Zip  | Zip Country   |                | Zip   |           | Cou | entry  | 5. Certificate of                     |   | \$8.75 Ad                      |                                       |  |
| 6. Name and Address of Current F   |   |                |   | d Agent   |     | Name   | 7. Name and A                         | ddress of New Regis                         | tered Agent                    |                                       |  |
| FERDIE, AINSLEE R.<br>717 PONCE DE LEON BLVD.  |   |                |   |           |     | Street Address (P.O. Box Number is Not Acceptable) |                                       |   |                                |                                       |  |
| SUITE 215<br>CORAL GABLES FL 33134   |   |                |   |           |     |  |                                       |   |                                | · · · · · · · · · · · · · · · · · · · |  |
| OO, SAL GABLES 1 L 33104   |   |                |   |           |     | City   | · · · · · · · · · · · · · · · · · · · |   | FL Zip Cod                     | le                                    |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |                |   |           |     |  |                                       |   |                                |                                       |  |
| SIGNATURE - NOT SUPPLIED TO A PROPERTY AND SHAPE AND SHA |   |                |   |           |     |  |                                       |   |                                |                                       |  |
| Stoneture typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renstating)  DATE  |   |                |   |           |     |  |                                       |   |                                |                                       |  |
| FILE NOW: FEE IS \$61.25  Due By May 1, 2004  9. Election Campaign F Trust Fund Contribut  |   |                |   |           |     | · · ·  | \$5.00 May Be<br>Added to Fees        |   | Check Payable<br>Department of |                                       |  |
| 10.  | 7-7-4   | OFFICERS AND D | RECTORS   |           | 11. | <del></del>  | ADDITIONS/CHAN                        | IGES TO OFFICERS A                          | ND DIRECTORS I                 |                                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TD CHESLER, PHILIP 7076 HUNTINGTON LANEA806 DELRAY BEACH FL 33446 |                |   |           |     | 1  | U00000029101<br>02/04/04-80051-010    |   | □ Change<br>01<br>1-010 61.2   | □ Addition                            |  |
| THE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>SHEAR, RA<br>REXFORD<br>BOCA RAT                            |                |   | ☐ Delete  |     | 1  |                                       |   | Change                         | ☐ Addition                            |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SHANDLER<br>12322 WEI<br>BOYNTON                            | •              |   | ☐ Delete  |     |  |                                       |   | ☐ Change                       | Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                |   | ☐ Delete  | 1   | 1  |                                       |   | ☐ Change                       | ☐ Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                |   | ☐ Delete  | •   | 3  |                                       |   | ☐ Change                       | Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>OTTY-ST-ZIP   |   |                |   | ☐ Delete  |     | 3  |                                       |   | ☐ Change                       | ☐ Addition                            |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  PHILIP CHESLER 1/28/04 56/-496-33449   |   |                |   |           |     |  |                                       |   |                                |                                       |  |
| SIGNATURE: Start Illand HILIPUHESLER 128104 561-496-3249   |   |                |   |           |     |  |                                       |   |                                |                                       |  |

**FILED**