## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N25504

(4)

PYRAMID BUILDING FUND, INC.																						
Principal Place of Business Mailing							ng Address						110	DINGU BIO	16 <b>861 6118</b>				))I Q1Q1I			FFI FWWI
C/O KENNETH STUBBS BOX 906 LONG KEY FL 33001						C/O KENNETH STUBBS BOX 906 LONG KEY FL 33001							T 1 18.									
													03	/21/19	ated or 0 988	Qualifie	ed	3a. Da	ate of <b>04/2</b>			t 
21	Principal Place of Business					2a. Mailing Address 26						4. FEI Number 65-0014216						Applied For Not Applicable				
22	Suite, Apt. #, etc.				27	<del></del>						5.	Certific	ate of S	Status De	esired					ibbA tiupel	
23	City & State	ıty & State				City & State						l .		n Campi und Cor	-	_	,				May to Fe	
	Zip	Country			<u> </u>	<u> </u>				Country				8. This corporation has liability for intangible tax under s. 199.032,								32,
24		25			29				30				Florida Statutes									
9. Name and Address of Curre				ent Hegis	t Hegistered Agent				Al-		10.	Name	and Ad	dress	of Nev	v Regi	stered	Agen	!			
	OTUBBO	Net if thes	1 147						81	Nam	е											
Stubbs, Kenneth W. 65821 Overseas Highway									82	Stred	t Addres	dress (P.O. Box Number is Not Acceptable)										
P. O. BOX 906 MM 66									83													
	LONG K	EY FL 330	01						84	City								FL	85	Zip	Code	)
11.	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										corporati s board	tion su of din	ibmits t ectors.	this state I hereby	ement fo	or the t the a	purpos	e of ch	anging regist	its re ered a	gister agent.	ed office I am
SIG	SIGNATURE																					
12.		Signature, typed	or print	ed name of registered ag OFFICERS A			(NO	TE: Register		t signatur	e required w			ONICIOL	IANIOEC	100	SEC.OF	DATE	) FN(5)F	07.00	- A 167	
TITLI		<u>D</u>		OFFICERS P	NO DIREC		DELETE:				D		HODITI	ONS/CH	1ANGES	3 10 (	JFFICE		Cha			Addition
NAM	LEMME AMARIES A				Досин			1.1 TITLE D			IA	11	To	oln	5A	H		Le Cria	ıRe	Ц,	Suldon	
	ET ADDRESS		AN DRIVE					1.3 STREET ADDRESS			4	5	Bo	× 8	4	*•;	a	10	Q, n	e	Kev	
	-ST-ZIP		Y BEACH FL					1.4 CITY-ST-ZIP			14 =	ا م	Bo heni	nol	ESI	tale.	s	72	j ''	- 336	Key	
TITLI		D					DELETE		TITLE	1-21r	+			1101	1761				Cha			ddition
NAM	ıE	HOLDIN	G. M	ARK		_	•		NAME											-Bo		idd (10)
STRE	ET ADDRESS			ION BLVD					2.3 STREET ADDRESS													
CITY	-ST-ZIP	MARATI	HON	FL					CITY-S													
TITLI		TDS					DELETE		TITLE		<del>                                     </del>					-	<del></del>		Cha	nge	ПА	ddition
NAM	IE			nneth W.				3.2	NAME										_	•	_	
STRE	ET ADDRESS			SEAS HWY				3.3	STREET	ADDRESS	;											
ÇITY	-ST-ZIP	LONG K	EY F	L				3.4.	CITY-S	T-ZIP												
TITLE		D				C	]DELETE		TITLE		T		• • • •					1	Chai	nge		ddition
NAM	E	VOIGHT						4. 2	NAME													
STRE	ET ADDRESS	481 10T						4.3	STREET.	ADDRESS												
CITY	-ST-ZIP	KEY CO	LON	Y BEACH FL				4.4	CITY-S1	- ZIP												
TITLE		D					DELETE	51	TITLE										☐ Chai	nge		ddition
NAM	E			WILLIAN S.				5.2	NAME													
STRE	ET ADDRESS			EAS HWY				5.3	STREET	ADDRESS												
	-ST-ZIP	MARATH	IUN	<u> </u>	·		7		CITY-SI	-ZIP	<u> </u>											
TITLE	i						DELETE	6.1	TITLE									[	Char	nge .	□ Ā	ddition
NAM	I							6.2	NAME													
STRE	ET ADDRESS							6.3	STREET	address												
CITY	- ST- ZIP							6.4	CITY-ST	-ZIP												

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: Leun

OFFICER OR DIRECTOR

4-14-96 305 664 5097
Date Daytime Proce #

CR2E037 (12/95)