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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03504

ALTMAN BUILDERS, INCORPORATED

FILED	
May 20 1997 8:00am	1
Secretary of State	



SIGNATURE (NOTL: Hegistorud Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE NAME ALTMAN, JOEL L. 1 b NAME 2201 CORPORATE BLVD NW #200 STREET ADDRESS 1.B STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-\$1-ZiP DELETE Change Addition 2 1 11TLF TOTLE ALTMAN, GAIL NAME 2 D NAME 2201 CORPORATE BLVD NW #200 STREET ADDRESS 2 BISTREET ADDRESS **BOCA RATON FL** 2 4 CITY-S1-7IP CITY-ST-ZIP DELETE Change Addition TITLE 35 TITLE ALTMAN, JOEL L. 3 D NAME NAME 2201 CORPORATE BLVD NW #200 STREET ADDRESS 3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4 h 101LE NAME DAVIS, JACK C. (ASST) 4.2 NAME 1200 BANK OF LANSING BLD STREET ADDRESS 43 STREET ADDRESS LANSING MI CITY-ST-ZIP 4 A CITY - ST - ZIP DELETE Change Addition TITLE .53 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 A CITY-ST-ZIP DELETE Change Addition 65 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in Block 12 piged, or on an attachment with an address.

6/4 CITY - ST-ZIP