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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• PROFIT
CORPORATION
• ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P41051
1. Corporation Name

AMERICAN BUILDING SYSTEMS, INC.

Principal Place of Business

Mailing Address

201 CLEMATIS STREET
WEST PALM BEACH, FL. 33401

2. Principal Place of Business

2a. Mailing Address

21 201 CLEMATIS STREET
Suite, Apt. #, etc.

26 SAME AS PRINCIPLE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST PALM BCH, FL.
Zip Country

28 City & State
Zip Country

24 33401

25 PALM BEACH

29

30

3. Date Incorporated or Qualified

10/20/92

3a. Date of Last Report

5/1/95

4. FEI Number

04-2843592

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATIONS INFORMATION SYSTEMS, INC.
1201 HAYS STREET
TALLAHASSEE, FL. 32301

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee,

FL

85 Zip

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

GAIL SHELBY, AS AGENT 4-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME COSMO C. DEVELLIS
STREET ADDRESS 600 ATLANTIC AVE. SE
CITY - ST - ZIP LANTANA, FL

TITLE TREASURER ☐ DELETE
NAME LISA GOLDMAN
STREET ADDRESS 18737 BARBERY DR.
CITY - ST - ZIP WELLINGTON, FL. 33414

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

COSMO DEVELLIS

423-96 (407) 832-9905

CR2E034 (12/95)