FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P92000002461 (1) **DOCUMENT #** 1. Corporation Name

FILED 96 MAY -1 PM 3:06

SECRETARY OF STATE



DESIGN BUILDERS INTERNATIONAL, INC. Principal Place of Business 4517 N.W. 31ST AVE. FT. LAUDERDALE FL 33309 Mail rig Address 4517 N.W. 31ST AVE. FT. LAUDERDALE FL 33309									TALEANASSEE, FLORIDA				
									3. Date Incorporated or Qualified 11/02/1992		e of Last Re 15/01/199		
2. Principal Pla	ce of Busine	388	2a. Mailing Address					4. FEI Number Applied For 65-0363857 Not Applied For			Applied For Not Applicable		
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required		
City & State			City & State					Election Campaign Financing Trust Fund Contribution			O May Be d to Fees		
23 Zip				Zip Counti					8. This corporation has liability for intangible tex under s 199.03				
24		25	29		30	_ 					Agant		
	9. Name	and Address of Current	Registered	Agent		04	NI		10. Name and Address of New F	egistered	Agent		
						81							
CHIRAS, DAVID L 4517 N.W. 31 AVE.					82	Street	Addres	dress (P.O. Box Number is Not Acceptable)					
	DERDALE					83							
						84	City			Fl	85 Z	p Code	
familiar witi SIGNATURE	h, and acce	pt the obligations of, Section of printed name of registered agents	on 607,0505, and title Mapplicable	norida statutes.	E Registered				of directors. I hereby accept the app	DATE			
12.		OFFICERS AND	DIRECTORS	·····	13.			т	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition	
TETLE	PD	MAN, RICHARD S		DETELE	1.11						[] Onlings		
NAME		I.W. 31ST AVE.			1.2 N		ADDRESS						
STHEET ADDRESS		UDERDALE FL 33309					ADDRESS ST-ZIP	'					
CATY-ST-7/P TITLE	CSTD	DOL(10) DL 1 L 00000		DELETE	2 1 1		51 - KII				Change	Addition	
NAME		MAN, MICHAEL			22 N	AME							
STREET ADDRESS		I.W. 31ST AVENUE			235	TREET	ADDRESS	:					
CITY - ST - ZIP	FTG. L	auderdale fl			2.4 C	11Y-S	37 - ZIP						
TITLE				DELETE	3.17	ITLE					Change	☐ Addition	
NAME					3.2 N				:⊇nn	C) C) 1	201	3903	
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CITY-ST-ZIP							ST-ZIP						
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NAME					5.2 N	AME		+	\				
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NAME					6.2 N								
STREET ADDRESS							t addres:	S					
CITY-ST-7IP	<u>L</u>		Oat at the fitting	a calimanii d	640	TY-	ST-ZIP		the exemption stated in Section 119	07/3Vk) F	Iorida Stati	ites I further	

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: __

SMINATURE AND TYPEO OF SMINITED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 303-730:0332