FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 908 HYACINTH DR

DELRAY BEACH FL 33483

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

908 HYACINTH DR DELRAY BEACH FL 33483



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200003475 (0)

ASSOCIATES BUILDING & CONSTRUCTION CORP.

US	US					DO NOT WHITE IN THIS SPACE			
					3. Date Incorporated or Qualified				
						11/05/1992			
2. Principal Place of Business 2a. Mailing Address			ss			4. FEI Number		Applied For	
[1] [26]						65-0371510		Not Applicabl	
Suite, Apt. #, etc.		Suile, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional	
2		27				4. Common of Canada accounts		Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
3		28				Trust Fund Contribution		d to Fees	
Zip ⊒	Country	Ζιρ		Country	'	8. This corporation owes or has paid the			
4]	25 Name and Address of Cu	29	30			Personal Property Tax due June 30. 10. Name and Address of New Register.		₩ No	
		Laur veðisreien viðaur		81	Name	10. Name and Address of New Registers	o Agent		
TILLEY, MICHAEL R				"	Valle				
) N. FEDERAL HWY.		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE 380				83	 				
BO	CA RATON FL 33432			53	ĺ				
				84 City			. 85 Zij	p Code	
				L_	L	rporation submits this statement for the purposi	L		
	Signature, typed or printed name of registere	AND DIFFECTORS			int signature requ	uired when reinstating) DATI		200 111 10	
12. TITLE	D OFFICERS	AND DIRECTORS		3.	- 	ADDITIONS/CHANGES TO OFFICERS A	Chance		
- · .	•			1 TITLE			L. Criange	L VOCINO	
NAME	RYAN, ROBERT H 908 HYACINTH DR			2 NAME					
STREET ADDRESS	DELRAY BEACH FL				ADDRESS				
CITY-ST-ZIP TITLE	VS	☐ DELE		4 CITY - S 1 TITLE	I - ZIP		[] Change	Additio	
NAME	RYAN. GERALDINE		1	2 NAME			C Change	, LI Addition	
STREET ADDRESS	908 HYACINTH DR		1		ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		_	4 CITY-					
TITLE	00,011 00,101.	☐ DELE		1 TITLE			☐ Change	Additio	
IAME			3.	2 NAME	Į				
STREET ADDRESS			3.	3 STREET	ADDRESS				
CITY - ST - ZIP			3.	4. CITY-5	ST-ZIP				
IITLE		☐ DELE	TE 4.	1 TITLE			Change	Additio	
NAME			[.₄	2 NAME	ļ				
STREET ADDRESS			4.	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	I - ZIP				
TITLE		DELE	TE 5.	1 TITLE			Change	Addition	

14. I 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 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 13 if changed, or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Chelebro Lyen

DELALONE LYON

4/28/98(511)272-379)

Change

Addition

FILED

Secretary of State

May 11 1998 8:00am