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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000004732 (3)

HYER QUALITY BUILDERS, INC.

Principal Place of Business Mailing Address 1510 NE 33RD COURT 1510 NE 33RD COURT POMPANO BEACH FL 33064-6203 POMPANO BEACH FL 33064 3a. Date of Last Report 3. Date Incorporated or Qualified 11/10/1992 03/13/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0369886 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζiρ Country Ζφ This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HYER, WILLIAM D 1510 N.E. 33RD COURT Street Address (P.O. Box Number is Not Acceptable) POMPANP BEACH FL 33064 83 84 City Zip Code 85 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, type dior printed name of registered agent and title if application (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE HYER, WILLIAM D NAME 1.2 NAME **CR2E034** 1510 NE 33RD COURT STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY - SY-ZIP CITY - S1 - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP DELETE 51 TITLE . Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY - ST - ZIP CHTV-ST-ZP Change TITLE DELETE 61 TITLE Addition NAME 62 NAME STREET ADORESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

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 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.

CHY-ST-ZIE

PRINTED NAME OF WANING OFFICER OR DIRECTOR

FILED

Feb 04 1997 8:00am

Secretary of State

Daytime Phone #