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 # P9200008059 (7)

NEW AGE BUILDING SUPPLY. INC.

appears in Block 12 or Block 13 if

SIGNATURE:

Mailing Address Principal Place of Business 1855-7 DR. ANDRE'S WAY 1855-7 DR. ANDRE'S WAY DELRAY BEACH FL 33445 DELRAY BEACH FL 83445 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1996 12/01/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0371882 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MOORE, LYNN A. 1855-7 DR. ANDRE'S WAY Street Address (P.O. Box Number is Not Acceptable) 82 **DELRAY BEACH FL 33445** 83 Zip Code 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or pented name of registered agent and title it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change Addition **PVTS** DELETE 11 TITLE TITLE MOORE, LYNN A. NAME 12 NAME 1060 S OCEAN BLVD 1.3 STREET ADDRESS STREET ADORESS DELRAY BCH FL 1.4 CITY - ST - ZIP CITY-ST Change Addition □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-7/P Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELÉTE Addition Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - \$1 - 21P Change Addition DELETE 5.1 TITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition 6.1 TITLE Title 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 of 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 of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

n an attachment with an address

FILED May 15 1997 8:00am Secretary of State

96/6)

561-274-6465

