
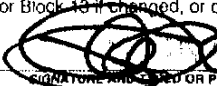


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000019480 (1)					
1. Corporation Name PREMIER BUILDERS, INC. OF SOUTH FLORIDA					
Principal Place of Business 10300 NORTHWEST 18TH PLACE PEMBROKE PINES FL 33026 US			Mailing Address POST OFFICE BOX 8206 PEMBROKE PINES FL 33084 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 10300 NW 18TH PL		03/10/1993	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		3a. Date of Last Report	
23 City & State		28 Pembroke Pines FL		08/23/1996	
24 Zip		29 33026		4. FEI Number	
25 Country		30 FLORIDA		NOT APPLICABLE	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CAPOZZI, J. V. 10300 NORTHWEST 18TH PEMBROKE PINES FL 33026				<input type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
81 Name				<input type="checkbox"/> \$5.00 May Be Added to Fees	
82 Street Address (P.O. Box Number is Not Acceptable)				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
83				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
84 City				FL	
85 Zip Code				FL	
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					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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					
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.					
SIGNATURE:  JOHN V. CAPOZZI 4/25/97 954 431 8396					

CR2E034 (9/96)