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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000022582 (9) DOCUMENT

VANGUARD QUALITY BUILDERS, INC. Principal Place of Business Mailing Address THE VANGUARD GROUP THE VANGUARD GROUP 8737 TEMPLE TERRACE HWY 8737 TEMPLE TERRACE HWY DO NOT WRITE IN THIS SPACE TEMPLE TERRACE FL 33637 TEMPLE TERRACE FL 33637 3. Date Incorporated or Qualified 03/22/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3173369 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOYERS, ROBERT J JR THE GANGUARD GROUP 82 Street Address (P.O. Box Number is Not Acceptable) 8737 TEMPLE TERRACE HWY 83 TEMPLE TERRACE FL 33637 84 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITI F MOYER, ROBERT J 1.2 NAME NAME CR2E034 8737 TEMPLE TERRACE HWY STREET ADDRESS 1.3 STREET ADDRESS TEMPLE TERRACE FL 1.4 CITY - ST-ZIP CITY - ST- ZIP DELETE Addition Change TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.3 STREET ADDRESS

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

6.4 City-ST-ZIP

SIGNATURE:

FILED

Feb 05 1998 8:00am

Secretary of State