FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOO	1996	DIVISION OF	CORPORATIONS		
1. Corpora	UMENT # P9300 POREX BUILDERS, INC.	0040849 (0)		
Diam'r 18) (
ŀ	ace of Business	Mailing Address		T TORRINGE TO TO TO THE STATE OF THE STATE O	BBAN BBAN BIBN BBNS 1841 1841 81818 1841 1841
BAY 4	2ND AVENUE TON FL 33431	2880 NW 2ND AVENUE BAY #4 BOCA RATON FL 3343 US		3. Date Incorporated or Qualified	
2. Principal	Place of Business			06/10/1993	3a. Date of Last Report 02/01/1995
21	3.50 07 25007,000	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.	<u> </u>	65-0415802	Not Applicable
City & St	ato	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
24	Country 25	Zip	Country	8. This corporation has liability for in	Added to Fees
	9. Name and Address of Current	29 Registered Agent	30	Florida Statutes 💹 Yes	□No
		g to o t i goin	81 Name	10. Name and Address of New Re	gistered Agent
FORK,	FORK, STEVEN S				
2880 NW 2ND AVENUE BAY 4 BOCA RATON FL 33431			82 Street Add	dress (P.O. Box Number is Not Acceptable	
			63		
DUCA	NATON PL 33431		84 City		
11. Pursuant	t to the provisions of Sections 607.0502 a	nd 607 1508. Florida Statutas	'	ration submits this statement for the purporard of directors. I hereby accept the appoin	FL 85 Zip Code
or registe familiar v	ered agent, or both, in the State of Florida vith, and accept the obligations of, Section	. Such change was authorized 607 0505. Elorida Statutes	s, the above-hamed corporation's board	ration submits this statement for the purpor ard of directors. I hereby accept the appoir	ose of changing its registered office
SIGNATURE					amone do registered agent. Fam
12.	Signature, typed or printed name of registered agent an	d title (applicable (NOTE	: Registered Agent signature require	od when reinstating	DATE
TITLE	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	AS AND DIRECTORS IN 12
NAME	FORK, STEVEN A		1 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	2880 NW 2ND AVENUE, BAY 4		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2. 1 TITLE		Change
NAME STREET ADDRESS	RICHARDSON, LARRY		22 NAME		☐ Change ☐ Addition
CITY-ST-ZIP	2880 NW 2ND AVENUE, BAY 4 BOCA RATON FL		2.3 STREET ADDRESS		
TITLE	DOOK INTON PE	DELETE	2 4 CITY-ST-ZIP		
NAME			3. 1 TITLE 3.2 NAME		[] Change Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 City-St-Zip		1
TITLE NAME		DELETE	4. 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		[] Shange [] Assumpti
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY - ST - ZIP		
NAME		□ ottere	5. 1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
TREET ADDRESS	• •		6.2 NAME		The country The Workington
CITY-ST-ZIP			6.3 STREET ADDRESS		
4 I do boroby			64 CITY - ST - ZIP		1

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 appears in Block 12 or Block 13 if changed, or ex an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED DE DINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 407-392-0803