

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040895 (3)

1. Corporation Name

TRUS-BILT SYSTEMS, INC.



Principal Place of Business

4351 N.E. 11 AVE
POMPANO BEACH FL 33064

Mailing Address

4351 N.E. 11 AVE
POMPANO BEACH FL 33064

2. Principal Place of Business

21 4980 N. Pine Island Road

Suite, Apt. #, etc.

22

City & State

23 LAUDERHILL, FL.

Zip

24 33351

Country

25 BROWARD

2a. Mailing Address

26 4980 N. Pine Island Road

Suite, Apt. #, etc.

27

City & State

28 LAUDERHILL, FL.

Zip

29 33351

Country

30 BROWARD

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0429375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HARVEY, RICHARD
4351 N.E. 11 AVE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

CODY, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

620 N.E. 20 STREET

83

84 City

WILTON MANORS, FL

85 Zip Code

33305

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 tick if applicable

(NOTE: Registered Agent signature required when reinstating)

5/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HARVEY, RICHARD
STREET ADDRESS 4351 N.E. 11 AVE
CITY-ST-ZIP POMPANO BEACH FL 33064

☒ DELETE

TITLE ST
NAME BACON, ROGER
STREET ADDRESS 3101 N. FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL 33306

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

PRES.
BACON, ROGER
3101 N. FEDERAL HWY
FT. LAUDERDALE, FL. 33306

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-05/28/96--01016--033
***200.00

14. 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), 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:

ROGER BACON, Pres.

4/12/96

Date

954
561-7538

Daytime Phone #

CR2E034 (12/95)