

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

FILED

Apr 09 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P93000048777 (5)**

1. Corporation Name

**MAJESTY BUILDERS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>2000 ISLAND MANOR DR<br/>WEST PALM BEACH FL 33413</b> | Mailing Address<br><b>2000 ISLAND MANOR DR<br/>WEST PALM BEACH FL 33413-2076</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/13/1993</b>  | 3a. Date of Last Report<br><b>04/24/1996</b>           |
| 4. FEI Number<br><b>65-0423470</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>3238 Jog Park Drive</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>3238 Jog Park Drive</b><br>Suite, Apt. #, etc. |
| 22. City & State<br><b>Greenacres, FL</b>   | 27. City & State<br><b>Greenacres, FL</b>                                |
| 23. Zip<br><b>33467</b>   | 28. Country<br><b>USA</b>  |
| 24. Zip<br><b>33467</b>   | 29. Country<br><b>USA</b>  |

9. Name and Address of Current Registered Agent

**SNEEP, JOHN A  
2000 ISLAND MANOR DR  
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

|  |                            |
|--|----------------------------|
| 81. Name   |                            |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>3238 Jog Park Drive</b> |
| 83.  |                            |
| 84. City   | <b>Greenacres</b>          |
| 85. Zip Code   | <b>FL 33467</b>            |

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

*John A. Sneepe*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/19/97**

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <b>PST</b>                      |
| NAME                       | <b>SNEEP, JOHN A</b>            |
| STREET ADDRESS             | <b>2000 ISLAND MANOR DR</b>     |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL 33413</b> |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    | <b>3238 Jog Park Drive</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>Greenacres, FL 33467</b>  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

**300002138523**  
**-04/10/97--01001--002**  
**\*\*\*695.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John A. Sneepe*

**3/19/97**

Date Daytime Phone #

**561-966-2000**

CR2E034 (9/96)