

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

**APPROVED  
AND  
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**97 JUL 18 AM 11:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROPIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morgan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000058458 (9)**  
1. Corporation Name  
**SANBUCK CONSTRUCTION, INC.**



Principal Place of Business <b>10706 LA PLACIDA DR. #2 CORAL SPRINGS FL 33065</b>	Mailing Address <b>10706 LA PLACIDA DR. #2 CORAL SPRINGS FL 33065-3794</b>
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<b>3.</b> Date Incorporated or Qualified <b>08/20/1993</b>	<b>3a.</b> Date of Last Report <b>06/18/1996</b>
<b>4.</b> FEI Number <b>65-0556930</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**

**ROLLINS, EDMUND  
10706 LAPLACIDA DRIVE  
APT. 2  
CORAL SPRINGS FL 33065**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ROLLINS, EDMUND</b>
STREET ADDRESS	<b>10706 LAPLACIDA DRIVE, APT. 2</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BELSERI, COMERFORD</b>
STREET ADDRESS	<b>601 NW 35TH TERRACE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</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	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>JON. S. EVANS</b>
<b>1.3</b> STREET ADDRESS	<b>2991 N.W. 107 AVENUE,</b>
<b>1.4</b> CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	<b>300002245959--9</b>
<b>2.4</b> CITY-ST-ZIP	<b>-07/23/97--01138--010</b>
<b>3.1</b> TITLE	<b>***165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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.

CR2E034 (9/96)