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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000073001 (8)

	ersal Building Supply	<i>«</i>			
1966 CORPORATE SQUARE 1966 C LONGWOOD FL 32750 LONGW		Mailing Address 1966 CORPORATE LONGWOOD FL 32 US			eni, esiid seta (e 666 jihi) esiid 28(6) (16) (29)
				3. Date Incorporated or Qualified 10/15/1993	3a. Date of Last Report 09/21/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt	r, etc	Suite, Apt. #, etc.		59-3219718	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip		28		Trust Fund Contribution	Added to Fees
24	Country 25	Ζφ 29	Country	8. This corporation has liability for	
	9. Name and Address of Curre		[30]	Florida Statutes X Yes 10. Name and Address of New F	No
			81 Name	15. Name and Address of New P	registered Agent
BURNE	Y, JEFFERY W		B2 Street A	Address (P.O. Box Number is Not Acceptat	
• 472 HOLBROOK CT				Street Address (**.O. Box Number is Not Acceptable)	
LAKE N	MARY FL 32746		83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607 050	12 and 607 1508 Florida See.	tee thy above passed as	poration submits this statement for the pur	<u> </u>
or registere familiar with	ed agent, or both, in the State of Flo n, and accept the obligations of, Sec	rdh Such change was authori Tair 602 0505, Porida Status	zed by the corporation's t	poration submits this statement for the pur loard of directors. I hereby accept the app	pose of changing its registered office of the posterior o
SIGNATURE	The state of the s	or our condition in the statute	3.		
	Signature its action printed have of new overstage		THE Responses Agent Syrumon	langulat en reastatoig	DA ^T t
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	d Burney, Jeffery W	DELETE	1 1 TIFLE		Change Addition
STREET ADDRESS	472 HOLBROOK CT		1.2 NAME		
CITY - ST - ZIF	LAKE MARY FL 32746		1.3 STREET ADDRESS		
TOTLE		[] DELETE	2 1 NILE		Change
NAME			2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			24 CiTY ST-ZIP		
TITLE		[DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		_
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE			3.4 CHY-ST-7/P		
NAME		[] DEFEIF	4 1 7/11.5		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - ZiP	SOMMO . m.	d ====================================
TITLE		□ DELETE	5 1 TITLE	<u>50000184</u> -06/03/96010	S ¶nange Addition
NAME			5.2 NAME	***200.00	NOT THE Grounds Vontage
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	***************************************	·	5.4 CHY-ST-ZIP		
TATLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.5 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY+ST_ZIP		

To hereby certify that the information supplied with this fing 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 armost report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made undo eath; that I am an officer or director of the compration 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 and production of the compration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)