FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000017837 (3)

1. Corporation Name
ALL FLORIDA BUILDING PRODUCTS, INC.

Principal Place of Business	Mailing Address
C/O STEPHEN G. WILLIAMS 2650 NE 52ND ST. LIGHTHOUSE POINT FL 33064-7052	C/O STEPHEN G. WILLIAMS 2650 NE 52ND ST. LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 263
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28 Miami Springs FL
Zip 24 / Country 25	Zip 29 33166 / Country 30 Dade

4. FEI Number: 65-0472868 ☐ 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

WILLIAMS, STEPHEN G
2650 NE 52ND ST.
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name: Anderson Norman S
82 Street Address (P.O. Box Number is Not Acceptable): 317 NE 71ST Street
83
84 City: Miami FL FL 85 Zip Code 33138

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] 7/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ANDERSON, NORMAN S
STREET ADDRESS	317 NE 71ST ST.
CITY, ST, ZIP	MIAMI FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY, ST, ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY, ST, ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY, ST, ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY, ST, ZIP		
5 1 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY, ST, ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY, ST, ZIP		

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: [signature] 6/17 95 305-757-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0107000 CP