


FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021923 (4)

MORITZ & MANCUSO CUSTOM BUILDERS, INC.

Principal Place of Business	Mailing Address
114 TIM MARA DRIVE JUPITER FL 33477	114 TIM MARA DRIVE JUPITER FL 33477



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 03/16/1995				
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For
21	8121 SE Waterway Dr.		26	8121 SE Waterway Dr.		65-0563423		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22			27			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State Hobe Sound, FL			City & State Hobe Sound, FL			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip		Country	Zip		Country			
24	33455	25 U.S.	29	33455	30 U.S.			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MANCUSO, RONALD R 114 TIM MARA DRIVE JUPITER FL 33477	81	Name	(same)	
	82	Street Address (P.O. Box Number is Not Acceptable)	8121 SE Waterway Drive	
	83			
	84	City	Hobe Sound	FL

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 title if applicable.

Ronald R. Mancuso
(NOTE: Registered Agent signature required when reinstating)

01-22-98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, CARL A	1.2 NAME	Reopened
STREET ADDRESS	203 COLONY ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCUSO, RONALD R	2.2 NAME	8121 SE Waterway Drive Hobe Sound, FL 33455
STREET ADDRESS	114 TIM MARA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCVSIO, MELANIE	3.2 NAME - spelling	Mancuso, Melanie 8121 SE Waterway Drive Hobe Sound, FL 33455
STREET ADDRESS	114 TIM MARA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:

Melanie Mancoske Sec. Treas.

Δ1-22-98

961-546-9658

CR2E034 (10/97)