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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024546 (0)

	BUILDERS, INC.			· · · · · · · · · · · · · · · · · · ·	******		
Principa: Place of Business 2428 HENRIETTA COURT LANTANA FL 33462		Mailing Address P. O. BOX 2651 J JUPITER FL 33468-2 US	651				
						 Date Incorporated or Qualified 03/27/1995 	3a. Date of Last Report 05/01/1996
2. Principal P	Nace of Business	2a. Mailing Addres	\$			4. FEI Number	Applied For
21		26				65-0572876	Not Applicable
Suite, Apt.		Suite, Apt. #, et	C.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Gountry	Zip		Country		8. This corporation has liability for i	
24	9. Name and Address of Cur	rent Registered Agent	30	L		Ftorida Statutes 10. Name and Address of New Re	
WEI	NZ, DAVID W			81	Name		
2429 HENRIETTA COURT LANTANA FL 33462				82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)
				83			
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607 1508. Florida	Statutes, 1	the above	-named co	reporation submits this statement for the o	· • —
office or a	registered agent, or both, in the St	ate of Florida, Such change digations of Section 607.05	was authorida	orized by Statutes	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE							
	Signature typed or parted name of registere:		(NOTE: Re		nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PROCESSION AS
12.	DEFICERS	AND DIRECTORS DELE	TF T	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WENZ, DAVID W			1.2 NAME			
STREET ADDRESS	2429 HENRIETTA COURT			1.3 STREET	ADORESS		į
C!TY-ST-ZIP	LANTANA FL 33462			1.4 CITY-S	- 1		
TITLE		DELE	TE	2.1 TITLE	, t"		Change Addition
NAME				2.2 NAME			
STREET ADORESS				2.3 STREET	ADDRESS		
CITY - ST - ZIP				2 4 CITY - S	·		
TITLE		D£LE	TE	3 1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME				32 NAME			
STREET ADDRESS				3.3 STREET	address		
CITY-ST-ZIP				3.4. CITY - S	T - ZIP		
TITLE		☐ DETE	TE	4.1 TITLE			Change Addition
NAME				4. 2 NAME	ļ		
STREET ADDRESS			ŀ	4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CiTY-S	I - ZIP		
TITLE		☐ DELE	TE	5.1 TITLE	1		Change Addition
NAME				5.2 NAME			
STREET ADDRESS			•	5.3 STREET	ADDRESS		
CITY-51-ZIP		[7]	·	5.4 CITY - S	T-ZIP		Observe Access
TITLE		☐ DELE	1E '	61 TITLE	1		Change Addition
NAME]	62 NAME			
STREET ADDRESS				63 STREET			
Pity CT 7.0	1			CAPITY C	T.710		

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

SIGNATURE:

appears in Block 12 or Block 13 if change it

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

291-121-0132

FILED

Jan 27 1997 8:00am

Secretary of State

laytime Phone #

one #