FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000036107 (7)

1. Corporation Name

ASSURANCE FIRST ASSET BUILDERS, INC.

Principal Place of Business	Mailing Address
6101 A1A SOUTH ST. AUGUSTINE FL 32084	6101 A1A SOUTH ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: 05/04/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 51 Brigantine Ct.	26 1093 A1A S.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 #229
City & State 23 St. Augustine, Fl	City & State 28 St. Augustine, Fl
Zip 24 32084 / Country 25 St. Johns	Zip 29 32084 / Country 30 St. Johns

4. FEI Number: 59-3319359 ☐ 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

FRAZIER, LINDA
6101 A1A SOUTH
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 51 BRIGANTINE CT.
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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: Linda Frazier — 4/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	P/V/T/S/D/C/M ☒ Change ☐ Addition
NAME	FRAZIER, LINDA		1.2 NAME	
STREET ADDRESS	6101 A1A SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACKFORD, DEBBIE	Resigned	2.2 NAME	
STREET ADDRESS	6101 A1A SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(x), 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: Linda Frazier — 4/23/96 — 904-471-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)