


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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90057 027 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000059314**

1. Corporation Name  
**ALLSTATE BUILDERS OF SOUTHWEST FLORIDA INC.**



Principal Place of Business <b>14601 TAMIANI TRAIL NORTH PORT FL 34287 US</b>	Mailing Address <b>14601 TAMIANI TRAIL NORTH PORT FL 34287 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/31/1995</b>	
		4. FEI Number <b>65-0609746</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ELMY, ROBERT A 541 WESTMOUNT LANE VENICE FL 34293</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>17501 O'HARA DR</b> 84 City <b>PORT CHARLOTTE</b> FL 85 Zip Code <b>33948</b>			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETED	1.1 TITLE	1.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMY, ROBERT A		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP			
STREET ADDRESS	541 WESTMOUNT LANE		17501 O'HARA DR				
CITY-ST-ZIP	VENICE FL		PORT CHARLOTTE FL 33948				
TITLE	S	DELETED	2.1 TITLE	2.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMY, TERRI W		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP			
STREET ADDRESS	541 WESTMOUNT LANE		17501 O'HARA DR				
CITY-ST-ZIP	VENICE FL		PORT CHARLOTTE FL 33948				
TITLE		DELETED	3.1 TITLE	3.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.3 STREET ADDRESS	3.4 CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DELETED	4.1 TITLE	4.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.3 STREET ADDRESS	4.4 CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DELETED	5.1 TITLE	5.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.3 STREET ADDRESS	5.4 CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		DELETED	6.1 TITLE	6.2 NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.3 STREET ADDRESS	6.4 CITY-ST-ZIP			
STREET ADDRESS							
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, with all other like empowered.

SIGNATURE:  2/1/99 941 426-6652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)