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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000062699 (0)

**RESOLUTION BUILDING CORPORATION** 

Principal Place of Business Mailing Address **UNIT NO 5371** 4229 OAK BEACH BABYLON NY 11702-4625 BAYVIEW AT FISHER ISLAND FISHER ISLAND FL 33109 300 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1995 05/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For So 300 13-3007922 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 370 11 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami 23 Trust Fund Contribution Added to Fees Zip Country Country Zip. 8. This corporation has liability for intangible tax under s. 199.032 29 33139 ☐ Yes ☐ No 24 25 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed nanie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change Addition TITLE 1.1 THUE ZO KING DODGE NAME 1.2 NAME see above STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TETLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DLLETE Change Addition TITLE 3.1 11116 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY - \$1 - ZiP DELETE Change Addition TITLE 4.1 71716 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Additron TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY- \$1-7IP CITY-ST-ZIP DELETE Addition 6 1 111LE Change TITLE 6.2 NAME NAME 6.3 \$18EF1 ADDRESS STREET ADDRESS 6.4 CITY- \$1- ZIF CITY-ST-ZIP

14. To hereby certify that the information supplied with this filling 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 eddings.

CIGNATURE:

3/11/07 305 538 7979

FILED

Mar 17 1997 8:00am

Secretary of State