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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P
1. Corporation Name
ASSET BUILDERS, INC. P95000084926 (1)

FILED Feb 18 1998 8:00am Secretary of State



						#11 BPH FB B 1701		MAH
Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	#1919 19110 III10	• • • • • • • • • • • • • • • • • • • •
1836 SHADOWOOD LANE #130 1636 SHADOWOOD LANE #			DOD LANE #130					
JACKSONVILLE FL 32207		JACKSONVILLE	FL 32207		DO NOT V	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qual		FACE	
					11/06/1995	1100		
Principal P	lace of Business	2a, Mailing Add	ress	•	4. FEI Number		Appl	lied For
21	IACO OF BUSINOSS	26			59-3341709			Applicable
Suite, Apt	#. etc.	Suite, Apt #	, etc.				\$8.75 Ad	
22		27			Certificate of Status Desire	d 🗆	Fee Requ	
City & State		City & State	<u> </u>		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	c	ountry	 This corporation owes or h 	as paid the curr	ept year Intan	ngible
24	25	29	30		Personal Property Tax due		Yes 🔲	No
	g, Name and Address of Curre	nt Registered Agent		1	10. Name and Address of Ne	w Registered A	gent	
	ipont, Edwin R			81 Name				
	36 SHADOWOOD LANE #130			82 Street A	ddress (P.O. Box Number is Not Acc	eptable)		
JACKSONVILLE FL 32207								
				83				
				84 City			85 Zip Co	ode
	-					<u> </u>		
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 ag	ent and title if applicable	(NOTE Registe	ered Agent signature r	required when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13	3.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	IN 12
TITLE	D		ELE TE 1.1	TITLE			Change	Addition
NAME	DUPONT, EDWIN R		1.2	NAME				
STREET ADDRESS	1636 SHADOWOOD LANE #	130	1.3	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4	CITY-ST-ZIP				
TITLE	Ū	□ D	ELETE 2.1	TITLE			Change	☐ Addition
NAME	SCHARF, ROGER W		2.2	NAME				
STREET ADDRESS	1636 SHADOWOOD LANE #	130	2.3	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207			4 CITY-ST-ZIP				
TITLE		∐ D	ELETE 3.9	TITLE		!	☐ Change	Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET ADDRESS				į
CITY-ST-ZIP				. CITY-ST-ZIP				
TITLE		∐ D	ELETE 4.1	TITLE		l	Change	Addition [
NAME			4.3	2 NAME				
STREET ADDRESS			4.3	STREET ADDRESS				1
CITY-ST-ZIP		+		CITY-ST-ZIP			- i.	
TITLE			ELETE 5.1	TITLE		l	Change	Addition
NAME			5.2	NAME				1
STREET ADDRESS			5.3	STREET ADDRESS				
CITY-ST-ZIP		·		CITY-ST-ZIP				
TITLE		□ D	-	TITLE		l	☐ Change	Addition
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET ADDRESS				i
CITY-ST-ZIP		·		CITY-ST-ZIP				
44 I bereby o	vertify that the information supplied v	with this filling does not	-cruelity-for the e	vemotion stated	d in Section 119 07(3)(i). Florida Statu	tes i furiber cer	ury that the in	itormation 1

inhibition stated in Section 19.07(5)(i), Florida Statutes, Turnier certify that the informatic that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or instee empow Block 12 or Block 13 if changed, or on an attachment with an audres