

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

003412

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90027 014 \*\*\*150.00

DOCUMENT # P95000084926

1. Corporation Name  
ASSET BUILDERS, INC.



Principal Place of Business  
~~1636 SHADOWOOD LANE #130~~  
~~JACKSONVILLE FL 32207~~  
60 WEST AVE.  
ST. AUGUSTINE, FL 32084

Mailing Address  
~~1636 SHADOWOOD LANE #130~~  
~~JACKSONVILLE FL 32207~~  
60 WEST AVE.  
ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	11/06/1995	59-3341709	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		
23	28			
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

DUPONT, EDWIN R  
1636 SHADOWOOD LANE #130  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name ROGER W. SCHARF  
82 Street Address (P.O. Box Number is Not Acceptable) 60 WEST AVE.  
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 Roger W. Scharf, President - ROGER W. SCHARF DATE 2-17-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPONT, EDWIN R	1.2 NAME	JEFFREY W. SCHARF
STREET ADDRESS	1636 SHADOWOOD LANE #130	1.3 STREET ADDRESS	60 WEST AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, ROGER W	2.2 NAME	ROGER W. SCHARF
STREET ADDRESS	1636 SHADOWOOD LANE #130	2.3 STREET ADDRESS	60 WEST AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Home Phone #

CR2E034 (1/198)