

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 11 1998 8:00am
Secretary of State

DOCUMENT # P95000086260 (3)

1. Corporation Name

AMERICAN BUILDING SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 25 SOUTH WICKHAM ROAD MELBOURNE FL 32904		Mailing Address 25 SOUTH WICKHAM ROAD MELBOURNE FL 32904	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent ROSSITTO, JULIE J 25 SOUTH WICKHAM ROAD MELBOURNE FL 32904		10. Name and Address of New Registered Agent	
81 Name		ROSSITTO, JULIE J	
82 Street Address (P.O. Box Number is Not Acceptable)		39-B PENEY BRANCH WAY	
83		WEST MELBOURNE, FL 32904	
84 City		FL	
85 Zip Code			

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	1.1 TITLE	P
NAME	ROSSITTO, PAUL	1.2 NAME	ROSSITTO, PAUL
STREET ADDRESS	106 FONTAINE ST	1.3 STREET ADDRESS	39-B PENEY BRANCH WAY
CITY-ST-ZIP	MELBOURNE FL 32951	1.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	VP	2.1 TITLE	VP
NAME	ROSSITTO, JULIE	2.2 NAME	ROSSITTO, JULIE
STREET ADDRESS	106 FONTAINE ST	2.3 STREET ADDRESS	39-B PENEY BRANCH WAY
CITY-ST-ZIP	MELBOURNE FL 32951	2.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 or changed, or on an attachment with an address.

SIGNATURE _____ JULIE ROSSITTO 412-1288 176-4446

CR2E034 (10/97)