

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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000086260 (3)**  
 1. Corporation Name  
**AMERICAN BUILDING SUPPLY, INC.**



Principal Place of Business <b>25 SOUTH WICKHAM ROAD MELBOURNE FL 32904</b>	Mailing Address <b>25 SOUTH WICKHAM ROAD MELBOURNE FL 32904</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/09/1995</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3352805</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>ROSSITTO, JULIE J</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>39-B PENEY BRANCH WAY</b>
83. City <b>WEST MELBOURNE, FL 32904</b>
84. City <b>FL</b>
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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSSITTO, PAUL</b>	
STREET ADDRESS	<b>106 FONTAINE ST</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32951</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSSITTO, JULIE</b>	
STREET ADDRESS	<b>106 FONTAINE ST</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32951</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P ROSSITTO, PAUL</b>
1.3 STREET ADDRESS	<b>39-B PENEY BRANCH WAY</b>
1.4 CITY-ST-ZIP	<b>WEST MELBOURNE, FL 32904</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP ROSSITTO, JULIE</b>
2.3 STREET ADDRESS	<b>39-B PENEY BRANCH WAY</b>
2.4 CITY-ST-ZIP	<b>WEST MELBOURNE, FL 32904</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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** 412-168 106-4446

CR2E034 (10/97)