
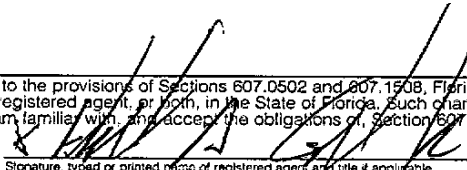


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000002481 (5) 1. Corporation Name WHITE ROCK BUILDERS, INC.					
Principal Place of Business 2802 N.W. 48TH ST. TAMARAC FL 33309			Mailing Address 2802 N.W. 48TH ST. TAMARAC FL 33309		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			3. Date Incorporated or Qualified		
21 Suite, Apt. #, etc.			01/09/1996		
22 City & State			4. FEI Number		
23 Zip			65-0633857		
24 Country			Applied For		
25			Not Applicable		
26			5. Certificate of Status Desired		
27			8.75 Additional Fee Required		
28			6. Election Campaign Financing		
29			Trust Fund Contribution		
30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MATHEWS, GEORGE W III 1325 S CONGRESS AVE STE 104 BOYNTON BEACH FL 33426			81 Name William Gilluly		
			82 Street Address (P.O. Box Number is Not Acceptable) 2802 NW 48 ST		
			83		
			84 City Tamarac		
			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  DATE 1/16/98					
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					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
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 if changed, or on an attachment with an address.

SIGNATURE:  REQUIRED

CR2E034 (10/97)