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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000003917

AMERICAN BUILDERS NETWORK, INC.

Principal Place of Business	Mailing Address
1831 AZALEA AVENUE WINTER PARK FL 32789	1831 AZALEA AVENUE WINTER PARK FL 32789

FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90064 038 ***150.00

Principal race	of Business					
1831 AZALEA AN WINTER PARK F		1831 AZALEA AVENUE WINTER PARK FL 32789		DO NOT WRITE IN THI	C CDACE	
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				3. Date incorporated or Qualified 01/09/1996	. ;	·
· · · · · · · · · · · · · · · ·		2a. Mailing Address		4. FEI Number	App	lied For
2. Principal Pla	ace of Business	 -		59-3354341	Not	Applicable
21	·	26			\$8.75 A	dditional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Rec	
22		City & State		6. Election Campaign Financing	\$5.00	
City & State		28		Trust Fund Contribution	· Added to	Fees
23		Zip	Country	8. This corporation owes the current year I	ntangible	
Zip	Country		 , '	Personal Property Tax.	Ø∕Ves I	□No
24	25			10. Name and Address of New Registers	d Agent	
	9. Name and Address of Cur	rent Registered Agent	B4L Name	10. Name and records to		
•		· · · · ·	81 Name		_	
HUD	son, catherine e		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
- 1831	AZALEA AVENUE		0.000,70	** _ **		<u> </u>
	ER PARK FL 32789		83		- Hills (1)	
17117	CH I MAY I F OF 100		1-1			
			84 City	F	85 Zlp C	ode*
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44 Quequant	to the provisions of Sections 607.0	3502 and 607.1508, Florida Statule	s, the above-named on	reporation submits this statement for the purpose ation's board of directors. I hereby accept the app	or changing its i	registered
TT, PUISUBIR	egistered agent, or both, in the Sta	ate of Florida. Such change was au	thorized by the corpora	imporation submits this statement for the purpose stron's board of directors. I hereby accept the app	On 10 1401 1 23 1 23	
office or re						
office or n agent. ∉ ar	m jamiliar with, and accept the obl	agations of, Section 607.0505, Pion	DB Othicies.			
omce or re agent. ∉ ar					<u> </u>	
omce or re agent. ∉ ar	Signature, typed or printed name of registered	agent and title if applicable [MOTE. 1	Registered Agent eignaturs requ	and when reinstating) DATE		
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SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable [MOTE. 1	Registered Agent eignaturs requ	and when reinstating) DATE		
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I neretry ceruly that the information supplied with alls litting does not quain not the explaint state in decay the same legal effect as if made under eath; that I am at 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 eath; that I am at indicated or 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: ___

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Catherine E. Hidson