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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035706 (6)

PEOPLE BUILDERS, INC.

Principal Place of Business

2706 ALT. 19 N. 2706 ALT. 19 N. DO NOT WRITE IN THIS SPACE PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Date Incorporated or Qualified 04/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3379644 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes S No Zip Country Ζıp 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DALEY, TIMOTHY N 2706 ALT. 19 N. Street Address (P.O. Box Number is Not Acceptable) STE. 310 83 PALM HARBOR FL 34683 84 City Zip Code 85 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 Signature, typed or protest name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change Addition TITLE **BUONOMO, THOMAS R** 1.2 NAME NAME P O BOX 14922 N/A 1.3 STREET ADDRESS **STREET ADORESS CLEARWATER FL 34629** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE NAME DALEY, TIMOTHY N 22 NAME STREET ADDRESS 1419 INDIAN TRAIL S 23 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS **STREET ADDRESS**

64 CITY-ST-ZIP
14. Thereby 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 ennual 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 changing or on in attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADORESS

5 4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

41 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

Timothy (x)

04.28.98

(813) 789-4474

Change

Change

Addition

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State