


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90116 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000035706

1. Corporation Name
PEOPLE BUILDERS, INC.



Principal Place of Business 2706 ALT. 19 N. 310 PALM HARBOR FL 34683 US	Mailing Address 2706 ALT. 19 N. 310 PALM HARBOR FL 34683 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2708 ALT. 19 N Suite, Apt. #, etc. 22 #602 City & State 23 PALM HARBOR, FL Zip Country 24 34683 25 PINELLAS	2a. Mailing Address 26 2708 ALT. 19 N. Suite, Apt. #, etc. 27 #602 City & State 28 PALM HARBOR, FL Zip Country 29 34683 30 PINELLAS
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3. Date Incorporated or Qualified 04/19/1996	4. FEI Number 59-3379644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DALEY, TIMOTHY N 2706 ALT. 19 N. STE. 310 PALM HARBOR FL 34683	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2708 ALT. 19 N.
83	#602
84 City	PALM HARBOR
85 Zip Code	FL 34683

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 *Timothy N. Daley, Ph.D.* DATE 04/29/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUONOMO, THOMAS R	
STREET ADDRESS	P O BOX 14922 N/A	
CITY-ST-ZIP	CLEARWATER FL 34629	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALEY, TIMOTHY N	
STREET ADDRESS	1419 INDIAN TRAIL S	
CITY-ST-ZIP	PALM HARBOR FL 34683	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy N. Daley, Ph.D.* DATE 04/29/99 (727) 789-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy N. Daley, Ph.D. DIRECTOR

CR2E034 (11/98)