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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600038628 (9)

BUILD FLORIDA INC.

Principal Plac	e of Business	Mailing Add	Mailing Address				T TOURSTOURS HIR HENGE DISHI QUANN REGINA MUNIC		OHIO OHIO HIDO	il 1961 (88)
32618 WEKIVA SORRENTO FL			32618 WEKIVA PINES BLUD. SORRENTO FL 32776							
							3. Date Incorporated or Qualified 04/30/1996	Sa. Da	te of Last F	Report
······	Place of Business	F	2a. Mailing Address				4. FEI Number Applied For			
Suite, Apt	# oto		26				59-3381139			ot Applicable
22 Suite, Apr	#, tat.	}	Suite, Apt. #, etc.				5. Certificate of Status Desired	⊋		Additional equired
City & Stat	e		City & State				6. Election Campaign Financing			May Be
23		28	28				Trust Fund Contribution			to Fees
Ζφ	Country	Zip		Count	ry		8. This corporation has liability for it	ntangible		
24	25	29		0			Florida Statutes	Yes [] No	
	9. Name and Address of Curre	nt Registered Ag	ent		<u></u>		10. Name and Address of New Re	gistered /	igent	
	DE, RUDOLPH			l _R	1	Name				
	18 WEKIVA PINES BLUD.					Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
SOR	RENTO FL 32776			8	3					
				B	4	City		FL	85 Zip	Code
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such ations of, Section	change was au 607.0505, Flori	thorized t da Statut	by i	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t the appo	changing i pintment as	ts registered registered
	Signators, typed or printed name of registered ag		(NOTE: F		v jen	l signature require	d when reinstating)	DATE	DIDECTO	70.11.10
12.	OFFICERS AND DIRECTORS DELETE		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition	
NAME	.			1.2 NAME					Land Charige	Augmon
STREET ADDRESS	RODE, RUDOLPH	NDC DIN	10 DT 110			INDRESS				
CHY SI ZIF	32618 WEKIVA PI SORRENTO, FL	NES PINE 32776	176 176 BINES BLVD		1.4 City-SF-ZiP					
TiTLE		DELETE		2.1 TITLE					☐ Change	Addition
NAME					2.2 NAME					
STREET ADORESS				2 3 STREE	ET A	ADDRESS				
CITY - ST - ZIP				2. 4 CITY	- ST	r-ZIP				
TILLE			DELETE	3.1 TITLE					☐ Change	Addition
NAME				3.2 NAME	E					
STREET ADDRESS				3.3 STREE	ET A	address				
CITY-S1-ZIP		* *	•••	3.4. CITY		- ZIP				
TITLE		L	DELETE	4.1 TITLE					Change	☐ Addition
NAME				4. 2 NAM						
STREET ADORESS				4.3 STREE						
CITY-\$1-ZIP			DELETE	4.4 CITY		- ZIP			Change	Addition
TITLE		L.	-) DECE16	. 5.1 TITLE					☐ Change	☐ Addition
NAME STOCKLAROUSE				5.2 NAME		DDD500				
STREET ADDRESS				5.3 STREE						
CITY-ST-ZIP TILLE	·····	***************************************	DELETE	5.4 CITY 6.1 TITLE		· <u>Z</u> IP			Change	Addition
NAME		L		6.2 NAME					— compa	Addition
STREET ADDRESS				6.3 STREE		INDRESS				

6.4 CITY - ST - ZIP

14. I do 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.

CITY-ST-ZIP

(352) 383 4339

FILED

May 08 1997 8:00am

Secretary of State