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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96,000 43766

ARCHITECTURAL BUILDING GROUP, INC.

Principal Place of Business 533 N.E. 13th Smeet PORT LANDERDALE, FLORIDA

d, or on an attachment with an address

Mailing Address
533 N.E. 13 The Street FORT LANDORONE FLORIDA APPROVEAND

97 SEP 09 AM 8: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(305)539-0000

September 8, 1997 (954)463-1216

2. Principal Place of Business 17. 5 33 N.E. 13 <sup>th</sup> Street 28. Mailling Address 25 5 33 N.E. 13 <sup>th</sup> Smect 4. FE Number 5. Conditional 5. Contribute of Status Desired 28. Sullo, Apt #. etc. 29. Sullo, Apt #. etc. 20. Sullo, Apt #. etc. 21. Sullo, Apt #. etc. 22. Sullo, Apt #. etc. 23. Sullo, Apt #. etc. 24. Sullo, Apt #. etc. 25. Sullo, Apt #. etc. 26. Election Campaign Financing 25. Sullo Apt #. etc. 26. Election Campaign Financing 25. Sullo, Apt #. etc. 27. Sullo, Apt #. etc. 28. Sullo, Apt #. etc. 28. Sullo, Apt #. etc. 29. Sullo, Apt #. etc.	, 5.0.	33304		333	94	3. Date Incorporated or Qualified 3a. D	ale of Last Report
Suite, April 4 also.    Suite   Solidary   Suite   Solidary   Suite   Solidary   Suite   Solidary	2. Principal Pla	ace of Business	2a. Mailing Address		<u>, _</u>	4. FEI Number	Applied For
Suite, April 4 also.    Suite   Solidary   Suite   Solidary   Suite   Solidary   Suite   Solidary	21 533	N.E. 13th STREET	26 533 N.E. (	3′2 Sm	ect	65-0661164	Not Applicable
State   Stat	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	,
Souther St.	City & State City & State				LORIDA		
MICHAEL SCHIFFEIN  MICHAEL SCHIF			7ip	Country		8. This corporation has liability for intangible Florida Statutes	e tax under s. 199.032, No
#####915.00  #####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  #####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  ####915.00  #####915.00  #####915.00  #####915.00		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
### MICHAEL SCHIFFRIM + ASSACIATES, P.A.  I Southerst Third Avenue, Sucta 1400  MIAmi, FLORIDA 33131  ### City  FL  ### City  FL  ### City  FL  ### BB Zip Code  11. Pursuant to the provisions of Sociations 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 Finchs. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am terminal with a made accept the objective flory 6007, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. THE DIRECTOR  MICHAEL SCHIFFRIM  SIRET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT / DIRECTOR  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	MIL	CHAEL SCHIFFRIN		81	Name		
######################################	90 MICHAEL SCHIFFRIN + ASSOCIATES P.A.				82 Street Address (P.O. Box Number is Not Acceptable)		
Milani, Florida 33:31  B4 City  FL 85 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607:1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered gignt, or both, in the State of Florida Statutos, the above-named corporation's board of directors. Thereby accept the appointment as registered signal and accept the deligations of, Section 607 0505, Florida Statutos  Signature beyond printed himmer or registered approximately application and accept the deligations of, Section 607 0505, Florida Statutos  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS  17. THE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO					Sirest Address (F.O. Dox Matriber is Not Acceptable)		
Section   Compared to the provisions of Socions 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. Thereby accept the appointment as registered agent it am familiar with, and accept the obligations of, Section 607.6605, Florida Statutes   Signature legister   Compared the purpose of changing its registered statutes   Compared the purpose of changing its registered statutes   Compared the purpose of changing its registered statutes   Compared the purpose of changing its registered					83		
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 agent and accept the obligations of, sechen 607,0505, florida Statuter and accept the obligations of, sechen 607,0505, florida Statuter agent			•	64	City	FL	85 Zip Code
Supation: Speed or printed remot of registered agreered agreered agreered agreered above significants required above institution of the printed institutio	office or re agent. I am	gistered agent, or both, in the State	e of Florida. Such change was a	uthorized by	y the corpoi	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	of changing its registered pointment as registered
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64 CTY-ST-ZIP  14. I do horeby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Frorida Statutes. I further certify that the information indicated in this angular report is true and accurate and that my signature shall have the same legal effect as if more under early the	STREET ADDRESS			63 STREET	ADORESS		
14. I do horeby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Frorida Statutes. I further certify that the information indicated in this applied with this signal property and that my signal up shall have the sage legisle fleet as if mode upder certify that	CITY-ST-ZIP			6.4 C/TY - 5	31 - ZIP		
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