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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000067197 (9) DOCUMENT #

D.G. BUILDERS, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1790 HIGHWAY A1A, SUITE 209 PO BOX 372454 SAT BEACH FL 32927 #104 DO NOT WRITE IN THIS SPACE SATELLITE BEACH FL 32837 US 3. Date Incorporated or Qualified 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PATRICK DR. 59-3394277 21 1227 S. 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 100 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 SATELLITE. 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 7 25 RREVARD 29 9. Name and Address of Current Registered Agent 24 Yes □ No 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent MOSS, JOEL S 47 W NEW HAVEN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 MELBOURNE FL 32901 83 84 City 85 Zip Code 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 printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition GREEN, DANIEL L NAME 1.2 NAME 110 MARTESIA WAY STREET ADDRESS 1.3 STREET ADDRESS I.H. BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 changes

11.100

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