## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000085694 (3)

FLORIDA STATE BUILDERS CORP.

## APPROVED AND FILED

97 AUG 18 PM 2: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address				
3695 NORTHWEST 124TH AVE CORAL SPRINGS FL 33065		3695 NORTHWEST 124TH AVE CORAL SPRINGS FL 33065			
OFFICE OF HINGS I'C GOOD	OOME SPRINGS PE	33003	DO NOT WE	IITE IN THIS SPACE	
			3. Date Incorporated or Qualific	ed 3a. Date of Last Report	
			10/16/1996	1ST REPORT	
2. Principal Place of Business	Za. Mailing Address		4. FEI Number	Applied For	
21 7695 N.W 124	PM 108 26 SA	ME	65-0701981	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 CORAL SPRING	)> <b>/-</b> 4 [28]		Trust Fund Contribution	Added to Fees	
Zip Countr	y Zip	Country	8. This corporation owes or has	paid the current year Intangible	
24 33065 25 BA	COV ARD 29	30	Personal Property Tax due J		
9. Name and Addre	ess of Current Registered Agent		10. Name and Address of New	Registered Agent	
Guller, Susan		81  Na		•	
3695 NORTHWEST 124TH AVE			AHITONY D HWDRAIP eet Address (P.O. Box Number is Not Accept		
CORAL SPRINGS FL 33085			700 N.W. SI CT		
		83 0	A4 1 0 11 1		
			DEAL SPRINGS +	L	
		<b>84</b> City	•	FL   85   Zip Code 7	
11. Pursuant to the provisions of Sec	tions 607 0502 and 607 1508. Etorida St	atutes the above-pan	ned corporation submits this statement for the	o purpose of changing its registered	
office or registered agent, or both	h, in the State of Florida. Such change w	as authorized by the	corporation's poard of director Aline by it	ppt the appointment as registered	
The state of the	cept the obligations of, Section 607,0505	, Florida Statutes.	( and the livery of the little	MAA. 0/12/07	
SIGNATURE AND	no of registered agent and title it applicable. (	(NCTE Projection Access size	ature required when reinstating)	DATE 2/12/17	
	DEFICERS AND DIRECTORS	13.	ature requires when reinstating	FICERS AND DIRECTORS IN 12	
THEREY SUSAN G	DELETE	1.1 71TLE	PPES. SEC TALLAS		
THE PARTY OF THE PROPERTY OF THE PARTY OF TH		1.2 NAME	d many Nowhe	ara	
STREET ADDRESS 3695 N.W.	12474116		S 5700 MW. 53 CT		
		1.3 STREET ADDRE		C 220/-	
CITY-ST-ZIP COLOL Sp	LINGS, FL. B 3065	1.4 CITY - ST - ZIP		CL 38067	
TITLE	L. DELEGE	2.1 TITLE	D. P.	Change Maddition	
NAME		2.2 NAME	RAYMOND DESMI	<b>*</b> 03	
STREET ADDRESS		2.3 STREET ADDRE			
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUD, FG.	18305	
TITLE	L.) DELETE	3 1 TITLE	•	☐ Change ☐ Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRE	ss		
City-St-ZIP		3 4. CITY-ST-ZIP			
TITLE	DELETE	4 1 TITLE	6000023	Advition	
NAME		4. 2 NAME	-08/20/	/9701061011	
STREET ADDRESS		4.3 STREET ADDRE	ss ****1	78.75 ****178.75	
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME		J.marigo Findition	
STREET ADDRESS			ce		
		5.3 STREET ADDRE	» <u> </u>		
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP	√md19	Change Addition	
1	□ vetete	6.1 TITLE	YR 12/1	Change Addition	
NAME		6.2 NAME	Ψ, ,		
STREET ADDRESS		6.3 STREET ADDRE	SS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP			
14. I do hereby certify that the information indicated or this about	ation supplied with this filing does not qual report	ualify for the exemption is true and accurate	on stated in Section 119.07(3)(i), Florida State	utes. I further certify that the	
am an officer or dir clor of the o	rporation or the receiver of trustee emp	powered to execute the	and that my signature shall have the same last report as required by Chapter 607, Florid	a Statutes; and that my name	
appears in Block 17 or Block 13				/	
V111	MANAGED AND THE STORES	OI PAONES	1 2 10	Ch-10-	