

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 99100063033 1. Corporation Name AT+T Modular Buildings, Inc.

Principal Place of Business 2108 JELANE DRIVE VALRICO, FL 33594 Mailing Address 2108 JELANE DRIVE VALRICO, FL 33594

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. 2108 JELANE DRIVE 22. VALRICO, FL 23. 33594 24. 25. 26. 2108 JELANE DRIVE 27. VALRICO, FL 28. 33594 29. 30.

3. Date Incorporated or Qualified 4. FEI Number 65-0769482 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing, Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent ARMANDO FUKSMAN 2108 JELANE DRIVE VALRICO, FL 33594

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 X Armando Fuksmán DATE 4-8-99

12. OFFICERS AND DIRECTORS 1. PRESIDENT CHARLES D. MORGAN 2108 JELANE DRIVE VALRICO, FL 33594 2. VICE PRESIDENT ARMANDO FUKSMAN 2108 JELANE DRIVE VALRICO, FL 33594

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. 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 in exercise 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: Armando Fuksmán ARMANDO FUKSMAN DATE: 4-8-99 (813) 657-1200

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