

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000089088 (3)**

1. Corporation Name

A & S BUILDERS, INC.



Principal Place of Business	Mailing Address
2499 GLADES RD. STE 114 BOCA RATON FL 33431	2499 GLADES RD. STE 114 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9220 Bonita Beach Road		26 12370 Coconut Creek Ct.		10/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 200		27		65-0792897	
City & State		City & State		Applied For	
23 Bonita Springs FL		28 Fort Myers FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34135		29 33908		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Lee		30 Lee		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POPKIN & SHURPIN, P.A.
2499 GLADES RD, STE 114
BOCA RATON FL 33431**

81 Name	85 Zip Code
David J. Esoldi	33908
82 Street Address (P.O. Box Number is Not Acceptable)	
12379 Coconut Creek Court	
83	
84 City	
Fort Myers	FL

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

David J. Esoldi

DAVID J. ESOLDI V/P

2-18-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	President
NAME	WEINGARTEN, ALLEN	1.2 NAME	
STREET ADDRESS	4 ETHEL RD, STE 405-A	1.3 STREET ADDRESS	17426 Bridleway Trail
CITY-ST-ZIP	EDISON NJ 08817	1.4 CITY-ST-ZIP	Boca Raton, FL 33496
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	David J. Esoldi
STREET ADDRESS		2.3 STREET ADDRESS	12370 Coconut Creek Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Myers FL 33908
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE:

Allen Weingarten

Allen Weingarten Pres

2-18-98

941-948-7722

CP2E034 (10/97)