

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

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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90026 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000089088

1. Corporation Name
A & S BUILDERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9220 BONITA BEACH RD
SUITE 200
BONITA SPRINGS FL 34135
US

Mailing Address
12370 COCONUT CREEK CT
FT MYERS FL 33908
US

3. Date Incorporated or Qualified
10/15/1997

2. Principal Place of Business
21 9148 Bonita Beach Rd.
Suite, Apt. #, etc. Suite 200
22 Suite 200
City & State Bonita Springs
23 Bonita Springs
Zip 34135 Country US
24 34135 25 US

2a. Mailing Address
26 9148 Bonita Beach Rd.
Suite, Apt. #, etc. Suite 200
27 Suite 200
City & State Bonita Springs
28 Bonita Springs
Zip 34135 Country US
29 34135 30 US

4. FEI Number
65-0792897 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ESOLDI, DAVID J
12379 COCONUT CREEK CT
FT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 12370 Coconut Creek Ct.
84 City
85 Zip Code 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 Esoldi* DAVID ESOLDI, V.P. 3/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEINGARTEN, ALLEN	
STREET ADDRESS	17426 BRIDLEWAY TR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ESOLDI, DAVID J	
STREET ADDRESS	12370 COCONUT CREEK CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *David Esoldi* REQUIRED DAVID ESOLDI 3/9/99 941-948-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)