


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90012 029 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000104404**
1. Corporation Name

TOWN & COUNTRY BUILDERS, INC.

Principal Place of Business 21179 N. SWEETWATER LANE BOCA RATON FL 33428	Mailing Address 21179 N. SWEETWATER LANE BOCA RATON FL 33428
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2885 S. CONGRESS		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/14/1998	
Suite, Apt. #, etc. 22 Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 Suite, Apt. #, etc.		4. FEI Number 65-0886612	
City & State 23 DELRAY BEACH, FL		City & State 28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33445	Country 25 USA	Zip 29 33445	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PLATT, RONALD L ESQ.
170 N.W. SPANISH RIVER BLVD.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLY, TIMOTHY R			1.2 NAME			
STREET ADDRESS	21179 N. SWEETWATER LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, THOMAS E			2.2 NAME			
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500			2.3 STREET ADDRESS			
CITY-ST-ZIP	WESTCHESTER IL 60154			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, THERESE R			3.2 NAME			
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500			3.3 STREET ADDRESS			
CITY-ST-ZIP	WESTCHESTER IL 60154			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEYFARTH, EILEEN R			4.2 NAME			
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500			4.3 STREET ADDRESS			
CITY-ST-ZIP	WESTCHESTER IL 60154			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COFFEY, DONNA R			5.2 NAME			
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500			5.3 STREET ADDRESS			
CITY-ST-ZIP	WESTCHESTER IL 60154			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, MICHAEL J CHRM.			6.2 NAME			
STREET ADDRESS	FOUR WESTBROOK CORP. CENTER #500			6.3 STREET ADDRESS			
CITY-ST-ZIP	WESTCHESTER IL 60154			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: **Timothy R. Kelly, President** 6/30/99 561-272-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0073461

CR2E034 (5/99)