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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morrisam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S62306** (3)
 1. Corporation Name
AMERICAN BUILDERS OF NAPLES, INC.

Principal Place of Business Mailing Address
1380 CYPRESSWOODS DRIVE NAPLES FL 33940 **1380 CYPRESSWOODS DRIVE NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/26/1991** 3a. Date of Last Report **08/31/1994**

2. Principal Place of Business 2a. Mailing Address
 21 _____ 26 _____

4. FEI Number **65-0263521** Applied For
 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 _____ 27 _____

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

City & State City & State
 23 _____ 28 _____

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

Zip Country Zip Country
 24 _____ 25 _____ 29 _____ 30 _____

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AZAR, GABE
1380 CYPRESSWOODS DRIVE
NAPLES FL 33940

10. Name and Address of New Registered Agent
 B1 Name **Gabe Azar**
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **1380 Cypresswoods Dr.**
 B4 City **Naples** FL B5 Zip Code **33940**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gabe Azar* DATE: **3-8-95**
Signature, typed or printed name of registered agent and title of applicant NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	AZAR, GABE
STREET ADDRESS	1380 CYPRESSWOODS DR
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Gabe Azar* DATE: **3-8-95**
Signature and typed or printed name of signing officer or director (Date) (Typed Name)