


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90030 019 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S68886</b>					
1. Corporation Name <b>P.S.L. BUILDERS, INC.</b>					
Principal Place of Business <b>7233 SOUTHERN BLVD A-3 WEST PALM BCH FL 33414 US</b>			Mailing Address <b>PO BOX 7136 LAKE WORTH FL 33466 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>07/26/1991</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0276978</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JONES, TADD W 8233-1 GATOR LANE WEST PALM BEACH FL 33411</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> DELETE				
NAME	JONES, TADD W				
STREET ADDRESS	8233-1 GATOR LANE				
CITY-ST-ZIP	WEST PALM BEACH FL 33411 X				
TITLE	DVT <input type="checkbox"/> DELETE				
NAME	JONES, TADD W				
STREET ADDRESS	8233-1 GATOR LANE				
CITY-ST-ZIP	WEST PALM BEACH FL X				
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					
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	7233 Southern Blvd A-3				
1.3 STREET ADDRESS	W P B FL 33411				
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	SAME AS ABOVE				
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:

**SIGNATURE OF REGISTERED AGENT**  
*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-99**  
**561-791-6988**

CR2E034 (11/98)

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