

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S74751 (6)

1. Corporation Name
TERENCE CUDMORE, BUILDER, INC.



Principal Place of Business Mailing Address
**8075 TWIN LAKE DRIV
BOCA RATON FL 33496
US** **8075 TWIN LAKE DRIVE
BOCA RATON FL 33486
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

3. Date Incorporated or Qualified **08/19/1991** 3a. Date of Last Report **07/11/1995**
4. FEI Number **65-0283025** 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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CUDMORE, TERENCE
1021 TAMARIND WAY
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name **CUDMORE, TERENCE**
82 Street Address (P.O. Box Number is Not Acceptable) **8075 TWIN LAKE DRIVE**
83
84 City **Boca Raton** FL 85 Zip Code **33496**

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: (Print Name of Current Registered Agent and the Approver)

(Print Registered Agent signature required when changing) **8/2/96** DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P CUDMORE, TERENCE R.	<input type="checkbox"/>
NAME	1021 TAMARIND WAY BOCA RATON FL	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP CUDMORE, JULIE	<input type="checkbox"/>
NAME	1021 TAMARIND WAY BOCA RATON FL	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	P CUDMORE, TERENCE R.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	8075 TWIN LAKE DRIVE BOCA RATON, FL		
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE	VP CUDMORE, JULIE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	8075 TWIN LAKE DRIVE BOCA RATON, FL		
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 on stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

8/2/96 **561**
477-7375

CR2E034 (3/96)