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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V61989 (2)
1. Corporation Name
ALLSTATE BUILDERS, INC.



Principal Place of Business: 5040 W IRLO BRONSON HWY, SUITE 3140, KISSIMMEE FL 34746, US
Mailing Address: 2842 S. BAYSHORE DR, SUITE 3140, MIAMI FL 33133, US

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 04/05/1996
4. FEI Number: 65-0354388
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

2. Principal Place of Business
21 7575 DR. PHILLIPS BLVD. Suite, Apt #, etc. 22 SUITE 330 City & State 23 ORLANDO FL Zip 24 32819 Country 25 USA
2a. Mailing Address
26 7575 DR. PHILLIPS BLVD. Suite, Apt #, etc. 27 SUITE 330 City & State 28 ORLANDO FL Zip 29 32819 Country 30 USA

9. Name and Address of Current Registered Agent: MARC SKORMAN, 5040 W IRLO BRONSON HWY, KISSIMMEE FL 34746
10. Name and Address of New Registered Agent: 81 Name: MARC SKORMAN, 82 Street Address (P.O. Box Number is Not Acceptable): 7575 DR. PHILLIPS BLVD # 330, 83 City: ORLANDO FL 32819, 84 City: ORLANDO FL, 85 Zip Code: 32819

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: *Marc Skorman*, Pres. MARC SKORMAN PRESIDENT 1/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SKORMAN, MARC	
STREET ADDRESS	2842 S. BAYSHORE DR. #140	9720 LAKE WINDERMERE
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SKORMAN, MILTON	
STREET ADDRESS	5600 COLLINS AVE 8U	
CITY - ST - ZIP	MIAMI BEACH FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SKORMAN, MARC	
1.3 STREET ADDRESS	9720 LAKE ISLE NORTH CT	
1.4 CITY - ST - ZIP	WINDERMERE FL 34786	
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	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEVIN SKORMAN	
3.3 STREET ADDRESS	9720 LAKE ISLE NORTH CT	
3.4 CITY - ST - ZIP	WINDERMERE FL 34786	
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 do 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: *Marc Skorman*, PRESIDENT MARC SKORMAN PRES. 1/15/97 (407) 351-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0177245

CR2E034 (9/96)