

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

FILED

Jan 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS															
<b>DOCUMENT # V61989 (2)</b> 1. Corporation Name <b>ALLSTATE BUILDERS, INC.</b>																	
Principal Place of Business <b>5040 W IRLO BRONSON HWY</b> <b>MIAMI FL 33140</b> <b>US</b>		Mailing Address <b>2842 S. BAYSHORE DR.</b> <b>MIAMI FL 33140</b> <b>US</b>															
2. Principal Place of Business 21 <b>7575 DR. PHILLIPS BLVD.</b> Suite, Apt #, etc. 22 <b>SUITE 330</b> City & State 23 <b>ORLANDO FL</b> Zip Country 24 <b>32819</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>7575 DR. PHILLIPS BLVD.</b> Suite, Apt #, etc. 27 <b>SUITE 330</b> City & State 28 <b>ORLANDO FL</b> Zip Country 29 <b>32819</b> 30 <b>USA</b>															
3. Date Incorporated or Qualified <b>09/04/1992</b>		3a. Date of Last Report <b>04/05/1996</b>															
4. FEI Number <b>65-0354388</b>		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>															
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>															
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
9. Name and Address of Current Registered Agent <b>MARC SKORMAN</b> <b>5040 W IRLO BRONSON HWY</b> <b>KISSIMEE FL 34748</b>		10. Name and Address of New Registered Agent 81 Name <b>MARC SKORMAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7575 DR. PHILLIPS BLVD # 330</b> 83 <b>ORLANDO FL 32819</b> 84 City <b>ORLANDO FL</b> 85 Zip Code <b>32819</b>															
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 <i>[Signature]</i> <b>PRES. MARC SKORMAN PRESIDENT</b> <b>1/15/97</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																	
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE <input type="checkbox"/> DELETE            NAME <b>P SKORMAN, MARC</b>            STREET ADDRESS <b>2842 S. BAYSHORE DR. #140 9720 LAKE</b>            CITY, ST, ZIP <b>MIAMI FL</b> </td> <td style="width:50%;">           TITLE <input type="checkbox"/> DELETE            NAME <b>VS SKORMAN, MILTON</b>            STREET ADDRESS <b>5600 COLLINS AVE 8U</b>            CITY, ST, ZIP <b>MIAMI BEACH FL</b> </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY, ST, ZIP         </td> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY, ST, ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY, ST, ZIP         </td> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY, ST, ZIP         </td> </tr> <tr> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY, ST, ZIP         </td> <td>           TITLE <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY, ST, ZIP         </td> </tr> </table>		TITLE <input type="checkbox"/> DELETE NAME <b>P SKORMAN, MARC</b> STREET ADDRESS <b>2842 S. BAYSHORE DR. #140 9720 LAKE</b> CITY, ST, ZIP <b>MIAMI FL</b>	TITLE <input type="checkbox"/> DELETE NAME <b>VS SKORMAN, MILTON</b> STREET ADDRESS <b>5600 COLLINS AVE 8U</b> CITY, ST, ZIP <b>MIAMI BEACH FL</b>	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	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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            1.2 NAME <b>P SKORMAN, MARC</b>            1.3 STREET ADDRESS <b>9720 LAKE ISLE NORTH CT</b>            1.4 CITY, ST, ZIP <b>WINDERMERE FL 34786</b> </td> <td style="width:50%;">           2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            2.2 NAME            2.3 STREET ADDRESS            2.4 CITY, ST, ZIP         </td> </tr> <tr> <td>           3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            3.2 NAME <b>V. P. KEVIN SKORMAN</b>            3.3 STREET ADDRESS <b>9720 LAKE ISLE NORTH CT</b>            3.4 CITY, ST, ZIP <b>WINDERMERE FL 34786</b> </td> <td>           4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            4.2 NAME            4.3 STREET ADDRESS            4.4 CITY, ST, ZIP         </td> </tr> <tr> <td>           5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            5.2 NAME            5.3 STREET ADDRESS            5.4 CITY, ST, ZIP         </td> <td>           6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            6.2 NAME            6.3 STREET ADDRESS            6.4 CITY, ST, ZIP         </td> </tr> </table>		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>P SKORMAN, MARC</b> 1.3 STREET ADDRESS <b>9720 LAKE ISLE NORTH CT</b> 1.4 CITY, ST, ZIP <b>WINDERMERE FL 34786</b>	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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>V. P. KEVIN SKORMAN</b> 3.3 STREET ADDRESS <b>9720 LAKE ISLE NORTH CT</b> 3.4 CITY, ST, ZIP <b>WINDERMERE FL 34786</b>	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
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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 <i>[Signature]</i> <b>PRESIDENT MARC SKORMAN PRES. 1/15/97 407-351-8899</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	



CR2E034 (9/96)