

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94 00000 4353**

1. Corporation Name

Fagen's Building Centers, Inc.

Principal Place of Business

**P.O. Box 658
9000 Brooktree Rd.
Wexford, PA 15090**

Mailing Address

**P.O. Box 658
9000 Brooktree Rd.
Wexford, PA 15090**

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature (Type or print name of signing officer or director)

Date (If Registered Agent Signature, separate with "As Agent")

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	Fagen, Jack	
STREET ADDRESS	9000 Brooktree Rd.	
CITY-ST-ZIP	Wexford, PA 15090	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Fagen, William	
STREET ADDRESS	9000 Brooktree Rd.	
CITY-ST-ZIP	Wexford, PA 15090	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Schafer, Seymour J	
STREET ADDRESS	9000 Brooktree Rd.	
CITY-ST-ZIP	Wexford, PA 15090	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Bauer, David R.	
STREET ADDRESS	9000 Brooktree Rd.	
CITY-ST-ZIP	Wexford, PA 15090	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Vargo, Samuel J.	
STREET ADDRESS	9000 Brooktree Rd.	
CITY-ST-ZIP	Wexford, PA 15090	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Massaglia, Louis B.	
STREET ADDRESS	9000 Brooktree Rd.	
CITY-ST-ZIP	Wexford, PA 15090	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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	900001824339
44 CITY-ST-ZIP	-05/16/96--01037--011
51 TITLE	***200.00 <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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel J. Vargo, Sec'y.

4/26/96

(412) 935-3700

CR - E-1-96

CR2E034 (12/95)