

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000004353 (8)
 1. Corporation Name
FAGEN'S BUILDING CENTERS, INC.



Principal Place of Business P.O. BOX 658 9000 BROOKTREE ROAD WEXFORD PA 15090 Attn: Liz Affuso	Mailing Address P.O. BOX 658 9000 BROOKTREE ROAD WEXFORD PA 15090-9288
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3. Date Incorporated or Qualified 08/22/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 25-1618509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	DCPT	<input type="checkbox"/> DELETE
NAME	FAGEN, JACK	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY - ST - ZIP	WEXFORD PA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FAGEN, WILLIAM	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY - ST - ZIP	WEXFORD PA 15090	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHAFFER, SEYMOUR J	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY - ST - ZIP	WEXFORD PA 15090	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAUER, DAVE	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY - ST - ZIP	WEXFORD PA 15090	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VARGO, SAM	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY - ST - ZIP	WEXFORD PA 15090	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MASSAGLIA, LOU	
STREET ADDRESS	9000 BROOKTREE ROAD	
CITY - ST - ZIP	WEXFORD PA 15090	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Pashel, George
23 STREET ADDRESS	9000 Brooktree Rd.
24 CITY - ST - ZIP	Wexford, PA 15090
31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Warden, Garvin
33 STREET ADDRESS	9000 Brooktree Rd.
34 CITY - ST - ZIP	Wexford, PA 15090
41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Barry Lhormer
43 STREET ADDRESS	9000 Brooktree Road
44 CITY - ST - ZIP	Wexford, PA 15090
51 TITLE	<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 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **5/1/97 (42)** _____
 _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)