

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 PO BOX 658 - 9000 BROOKTREE LANE ATTENTION: LIZ AFFUSO WEXFORD PA 15090 US	Mailing Address P.O. BOX 658 9000 BROOKTREE ROAD WEXFORD PA 15090
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1994	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 25-1618509	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGEN, JACK	1.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASHEL, GEORGE	2.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDEN, GARVIN	3.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LHORMER, BARRY	4.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGO, SAM	5.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSAGLIA, LOU	6.2 NAME	
STREET ADDRESS	9000 BROOKTREE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090	6.4 CITY-ST-ZIP	

14. I 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  **SAMUEL J. VARGO** 3/13/98 (724) 936-3700

CR2E034 (10/97)