

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

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90012 016 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000004353

1. Corporation Name
FAGEN'S BUILDING CENTERS, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
08/22/1994

4. FEI Number
25-1618509

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 25 Suite, Apt. #, etc.
 26 City & State
 27 Zip Country
 28

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date 6/24/99 (724) 935-3700 Daytime Phone #

CR2E034 (1/198)