


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90162 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 294159

1. Corporation Name
THE GREATER CONSTRUCTION CORP.



Principal Place of Business 1105 KENSINGTON PK DR ALTAMONTE SPGS FL 32714	Mailing Address 1105 KENSINGTON PK DR ALTAMONTE SPGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 06/21/1965	
4. FEI Number 59-1107583	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MANDELL, ROBERT A.
1105 KENSINGTON PARK DR
ALTAMONTE SPRINGS FL 32714

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, LESTER
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	MANDELL, LESTER N
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MANDELL, ROBERT A.
STREET ADDRESS	1105 KENSINGTON PARK DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SNYDER, SIMON
STREET ADDRESS	1105 KENSINGTON PARK DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deceased
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Chairman Emeritus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Chairman & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles W. Gregg
5.3 STREET ADDRESS	1105 Kensington Park Drive
5.4 CITY-ST-ZIP	Altamonte Springs, FL
6.1 TITLE	Exec. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hampton P. Conley
6.3 STREET ADDRESS	1105 Kensington Park Drive
6.4 CITY-ST-ZIP	Altamonte Springs, FL

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 of 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: _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (11/98)