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

PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

FILED Mar 12 1998 8:00am ratory of State

	1998	DIVISION OF C	COMPORATIONS	Secreta	Ty OI D	iaic	
	JMENT # 63569	\ /	***************************************				
PICER	INO CONSTRUCTION COM	MPANY, INC.			H RIGHT BILLI BIRLI BATI BAT		
Principal Pla	ace of Business	Mailing Address			II ÖTÜLI SLOLU EYÄLI EIDYI OLU	II DIBII IDDI	
		1304 SW 160TH AVE		Ì			
SUITE 639		SUITE 639	SUITE 639		DO NOT WRITE IN THIS SPACE		
Sunrise Fi US	. 33326	\$unrise Fl 33326 Us		3. Date Incorporated or Qualified	IN THIS SPACE		
•		•		09/10/1979			
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	I A	pplied For	
21		26		59-2218598		ot Applicable	
Suite, Ap	it.#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & St	ato	City & State		6. Election Campaign Financing			
23	**	28		Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year In		
24	25		30	Personal Property Tax due June		□ No	
	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent		
	ICERNO, ANGELA 304 SW 160TH AVE						
	UNRISE FL 33326		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
•	OTHER TE GOOZO		83				
			84 City		ar Zin	Code	
			1, 1, 2,		FL		
11. Pursuar	nt to the provisions of Sections 607.6	0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the p	ourpose of changing	its registered	
Onice of	registered agent, or both, in the of						
agent. I	am familiar with, and accept the of	bligations of, Section 607.0505, Flo	orida Statutes.	poration submits this statement for the tition's board of directors. I hereby acception's	pi the appointment as	s legistered	
agent. I SIGNATURE						s tegistered	
SIGNATURE	Standard, typical or printed name of requiremen	Engent and trie 8 applicable (NOTE	: Registered Agent signature requi	ired when reinstating)	DATE		
	Standard, typical or printed name of requiremen				DATE		
SIGNATURE	St_matura, spend or printed harms of reported OFFICERS ST PICERNO, ANGELA	Engent wort trie Plagg Coalde (NOTE AND DIRECTORS DELETE	: Registered Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE	St_matura, spent or printed busine of repetitives OFFICERS ST PICERNO, ANGELA 1628 NORTHWEST 90TH V	Engent wort trie Plagg Coalde (NOTE AND DIRECTORS DELETE	:: Regislated Agoni signature requi	ired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	
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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 chapter, or on an attachment with an address.

GNATURE:

GNATURE: