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Secretary of State

02-27-1999 90071 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 714383 1. Corporation Name FLORIDA EAST COAST CHAPTER OF THE ASSOCIATED GENERAL CONTRACTORS OF AMERICA, INC.		
Principal Place of Business 2617 AUSTRALIAN AVENUE WEST PALM BEACH FL 33407 US	Mailing Address 2617 N AUSTRALIAN AVE. WEST PALM BEACH FL 33407 US	

372461-90036-36



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1968
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-0600117
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	30. Zip
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

MCBANE, LOUIS R 515 N. FLAGLER DR., 19TH FLOOR WEST PALM BEACH FL 33401-1307	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO <input type="checkbox"/> DELETE	1.1 TITLE	Senior Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCELLA, PAUL	1.2 NAME	Paul Arcella
STREET ADDRESS	90 SE 3RD CT	1.3 STREET ADDRESS	90 SE 3rd Court
CITY-ST-ZIP	DEERFIELD FO 33441	1.4 CITY-ST-ZIP	Deerifield Beach, FL 33441
TITLE	PPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CHARLES S	2.2 NAME	
STREET ADDRESS	1130 ELIZABETH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL 33401-6916	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Past President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAWOY, DUANE	3.2 NAME	Duane Drawoy
STREET ADDRESS	10201 LANTANA ROAD	3.3 STREET ADDRESS	10201 Lantana Road
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	Lake Worth, FL 33467-5402
TITLE	SVPD <input type="checkbox"/> DELETE	4.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDRICK, DALE	4.2 NAME	Dale Hedrick
STREET ADDRESS	1100 TECHNOLOGY PLACE, SUITE 122	4.3 STREET ADDRESS	1100 Technology Place Suite 122
CITY-ST-ZIP	WPD FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	ST D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADWIN, SKIP OR RF	5.2 NAME	
STREET ADDRESS	11900 SE SHELL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kent Leighton
STREET ADDRESS		6.3 STREET ADDRESS	8049 Monetary Drive, Suite D-1
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Riviera Beach, FL 33404

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 617, 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** Dale Hedrick **1-22-99** 561-844-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)