

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

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F94000001669 (0)**  
 1. Corporation Name  
**RAIMONDO CONTRACTING CORP.**



Principal Place of Business <b>540 BERGEN BLVD. FT. LEE NJ 07024</b>	Mailing Address <b>P.O. BOX 1381 FT. LEE NJ 07024</b>
---	--

DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>04/01/1994</b>	Applied For Not Applicable
<b>4.</b> FEI Number <b>22-2833228</b>	<b>\$8.75</b> Additional Fee Required
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAIMONDO, CHARLES J SR</b>		1.2 NAME
STREET ADDRESS	<b>540 BERGEN BLVD.</b>		1.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT. LEE NJ 07024</b>		1.4 CITY-ST-ZIP
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAIMONDO, FRANK L</b>		2.2 NAME
STREET ADDRESS	<b>540 BERGEN BLVD.</b>		2.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT. LEE NJ 07024</b>		2.4 CITY-ST-ZIP
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAIMONDO, CHARLES J JR</b>		3.2 NAME
STREET ADDRESS	<b>540 BERGEN BLVD.</b>		3.3 STREET ADDRESS
CITY-ST-ZIP	<b>FT. LEE NJ 07024</b>		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

**Vice President**  Change  Addition  
**Peter Borrelli**  
**540 Bergen Boulevard**  
**Fort Lee, NJ 07024**

**Sr. VP & Secretary**  Change  Addition  
**Charles J. Raimondo, Jr.**  
**540 Bergen Blvd.**  
**Fort Lee, NJ 07024**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (10/97)