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FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002424 (9)

1. Corporation Name
C. RAIMONDO & SONS CONSTRUCTION CO., INC.



Principal Place of Business
C/O 540 BERGEN BOULEVARD
PO BOX 1381
FORT LEE NJ 07024

Mailing Address
C/O 540 BERGEN BOULEVARD
PO BOX 1381
FORT LEE NJ 07024-1381

3. Date Incorporated or Qualified 05/10/1994	3a. Date of Last Report 05/29/1996
4. FEI Number 22-2479411	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RAIMONDO, CHARLES J SR	
STREET ADDRESS	540 BERGEN BLVD / PO BOX 1381	
CITY - ST - ZIP	FORT LEE NJ 07024	
TITLE	S	
NAME	RAIMONDO, CHARLES J JR	<input type="checkbox"/> DELETE
STREET ADDRESS	540 BERGEN BLVD / PO BOX 1381	
CITY - ST - ZIP	FORT LEE NJ 07024	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RAIMONDO, FRANK L	
STREET ADDRESS	540 BERGEN BLVD / PO BOX 1381	
CITY - ST - ZIP	FORT LEE NJ 07024	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Sr. V.P. & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles J. Raimondo, Jr.
2.3 STREET ADDRESS	540 Bergen Boulevard
2.4 CITY - ST - ZIP	Fort Lee, NJ 07024
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Arthur E. Pastore
3.3 STREET ADDRESS	540 Bergen Boulevard
3.4 CITY - ST - ZIP	Fort Lee, NJ 07024
4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jacey Raimondo
4.3 STREET ADDRESS	540 Bergen Boulevard
4.4 CITY - ST - ZIP	Fort Lee, NJ 07024
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 recipient 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/97
Daytime Phone #: 201-461-5550

CR2E034 (9/96)