

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90223 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000067182

1. Corporation Name
ATLANTIC COAST CONSTRUCTION AND DEVELOPMENT, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 HGWY. 27. POST OFFICE BOX 328 HGWY. 27. POST OFFICE BOX 328
 CLEWISTON FL 33440 CLEWISTON FL 33440

3. Date Incorporated or Qualified
08/30/1995

4. FEI Number Applied For
65-0604157 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **772 Washburn** 26 **772 Washburn**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 City & State 28 City & State
Melbourne, FL **Melbourne, FL**

24 Zip 25 Country 29 Zip 30 Country
32935 **US** **32935** **US**

9. Name and Address of Current Registered Agent

PALADIN, JOSEPH
HWY. 27, BOX 328
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
772 Washburn

83

84 City **Melbourne** 85 Zip Code **FL 32935**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PALADIN, AMY	
STREET ADDRESS	HGWY 27, POST OFFICE BOX 328	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BILLINGTON, BARRY P	
STREET ADDRESS	HGWY. 27, POST OFFICE BOX 328	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PALADIN, MICHELE	
STREET ADDRESS	HGWY. 27, POST OFFICE BOX 328	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PALADIN, AMY	
1.3 STREET ADDRESS	772 Washburn	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILLINGTON, BARRY P.	
2.3 STREET ADDRESS	876 N.W. 6th Avenue	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PALADIN, MICHELE	
3.3 STREET ADDRESS	772 Washburn	
3.4 CITY-ST-ZIP	Melbourne, FL 32935	
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		<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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

4 - 28 - 99 1-407-762-9957

CR2E034 (11/98)