

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

DOCUMENT # **P97000002727 (0)**  
1. Corporation Name  
**CONSTRUCTION RESOLUTION, INC.**

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>4701 WEST HILLSBOROUGH AVENUE<br/>TAMPA FL 33614</b> | Mailing Address<br><b>4701 WEST HILLSBOROUGH AVENUE<br/>TAMPA FL 33614</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

FILED  
98 JUL 17 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|                                      |  |                           |  |                                                                                                                                                                            |  |
|--------------------------------------|--|---------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 |  | 2a. Mailing Address<br>26 |  | 3. Date Incorporated or Qualified<br><b>01/10/1997</b>                                                                                                                     |  |
| Suite, Apt. #, etc.<br>22            |  | Suite, Apt. #, etc.<br>27 |  | 4. FEI Number<br><b>59-3425546</b>                                                                                                                                         |  |
| City & State<br>23                   |  | City & State<br>28        |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                 |  |
| Zip<br>24                            |  | Zip<br>29                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| Country<br>25                        |  | Country<br>30             |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                                                                                          |  |  |  |                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> |  |  |  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                            |                                      |                                            |  |                                                       |                                 |                                                                              |  |
|----------------------------|--------------------------------------|--------------------------------------------|--|-------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                                      |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                                                              |  |
| TITLE                      | <b>D</b>                             | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE                                             | <b>D.V.P.S</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>BEBIS, STEPHEN</b>                |                                            |  | 1.2 NAME                                              | <b>LOUIS J. TIMCHAK JR</b>      |                                                                              |  |
| STREET ADDRESS             | <b>4701 WEST HILLSBOROUGH AVENUE</b> |                                            |  | 1.3 STREET ADDRESS                                    | <b>4701 W. HILLSBOROUGH AVE</b> |                                                                              |  |
| CITY-ST-ZIP                | <b>TAMPA FL 33614</b>                |                                            |  | 1.4 CITY-ST-ZIP                                       | <b>TAMPA FL 33614</b>           |                                                                              |  |
| TITLE                      |                                      | <input type="checkbox"/> DELETE            |  | 2.1 TITLE                                             | <b>D.P.T</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                      |                                            |  | 2.2 NAME                                              | <b>JACK E. BUSK</b>             |                                                                              |  |
| STREET ADDRESS             |                                      |                                            |  | 2.3 STREET ADDRESS                                    | <b>4701 W. HILLSBOROUGH AVE</b> |                                                                              |  |
| CITY-ST-ZIP                |                                      |                                            |  | 2.4 CITY-ST-ZIP                                       | <b>TAMPA FL 33614</b>           |                                                                              |  |
| TITLE                      |                                      | <input type="checkbox"/> DELETE            |  | 3.1 TITLE                                             |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                      |                                            |  | 3.2 NAME                                              |                                 |                                                                              |  |
| STREET ADDRESS             |                                      |                                            |  | 3.3 STREET ADDRESS                                    |                                 |                                                                              |  |
| CITY-ST-ZIP                |                                      |                                            |  | 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                                       |                                 |                                                                              |  |

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 809, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (5/98)