

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

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V37917 (4)
 1. Corporation Name
MEGA FORCE CONSTRUCTION, INC.



Principal Place of Business 3600 1ST AVENUE NORTH ST. PETERSBURG FL 33713 US	Mailing Address 3600 1ST AVENUE NORTH ST PETERSBURG FL 33713-8453 US
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2. Principal Place of Business 21 13794 49th Street N. Suite, Apt. #, etc. 22 Clearwater, Florida City & State 23 Zip Country 24 34620 25 US	2a. Mailing Address 26 13794 49th Street N. Suite, Apt. #, etc. 27 Clearwater, Florida City & State 28 Zip Country 29 34620 30 US	3. Date Incorporated or Qualified 05/19/1992	3a. Date of Last Report 01/22/1996	4. FEI Number 59-3124610	Applied For <input type="checkbox"/> 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent CRAWFORD, EARL P. 5502-D LYNN LAKE DRIVE SOUTH ST PETERSBURG FL 33712				10. Name and Address of New Registered Agent	
81 Name	CRAWFORD, EARL P.				
82 Street Address (P.O. Box Number is Not Acceptable)	1902 Lightfoot Road				
83					
84 City	Wimauma	85 Zip Code	FL	33598	

11. Pursuant to the provisions of Sections 607.0902 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: *E. Patrick Crawford* **E. Patrick Crawford, President** DATE: **4/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, EARL P.	1.2 NAME	CRAWFORD, EARL P.
STREET ADDRESS	5502-D LYNN LAKE DRIVE SOUTH	1.3 STREET ADDRESS	1902 LIGHTFOOT ROAD
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	WIMAUMA, FL. 33598
TITLE	S	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANYUCK, KEVIN K.	2.2 NAME	KANYUCK, KEVIN K.
STREET ADDRESS	11-7TH AVE. S.E.	2.3 STREET ADDRESS	9445 128 Avenue N.
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	LARGO, FL. 34643
TITLE	T	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, MAUREEN	3.2 NAME	CRAWFORD, MAUREEN
STREET ADDRESS	5502-D LYNN LAKE DRIVE SOUTH	3.3 STREET ADDRESS	1902 LIGHTFOOT ROAD
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	WIMAUMA, FL. 33598
TITLE		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		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		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 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 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: *Maureen Crawford* **MAUREEN CRAWFORD** DATE: **4/1/97** (813)573-7770

Daytime Phone #

CR2E034 (9/96)