

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE
		Katherine Harris
		Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # **P18257**

1. Corporation Name

PCL CIVIL CONSTRUCTORS, INC.

Principal Place of Business

**9900 WEST SAMPLE RD., SUITE #203
SUITE 203
CORAL SPRINGS FL 33065**

Mailing Address

**9900 WEST SAMPLE RD., SUITE #203
SUITE 203
CORAL SPRINGS FL 33065**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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

(NOTE: Registered Agent Signature required when not stating

DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	BENNETT, J.P.	
STREET ADDRESS	2000 S. COLORADO BLVD.	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	V	[] DELETE
NAME	HARDER, J.D.	
STREET ADDRESS	9900 WEST SAMPLE RD., SUITE #203	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	XX DELETE
NAME	TENNOCK, N.C.	
STREET ADDRESS	1620 WEST FOUNTAINHEAD PKWY. #290	
CITY-STATE-ZIP	TEMPE AR 85282	
TITLE	ST	[] DELETE
NAME	HOSTYN, D.L.	
STREET ADDRESS	2000 S. COLORADO BLVD.	
CITY-STATE-ZIP	DENVER CO 80222	
TITLE	S	[] DELETE
NAME	TIGHE, S.A.	
STREET ADDRESS	9900 WEST SAMPLE RD., STE. 203	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	[] DELETE
NAME	EVELD, M.R.	
STREET ADDRESS	9900 WEST SAMPLE RD., SUITE #203	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	

13.

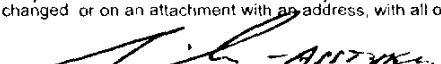
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change	[] Addition
900002770479--1	
02/03/99--01118--008	
***158.75 ***158.75	
[] Change	[] Addition
V	
[] Change	XX Addition
VENTOZA, L.S.	
1620 W. FOUNTAINHEAD PKWY #29	
TEMPE, AZ 85282	
[] Change	[] Addition
[] Change	[] Addition
[] Change	[] Addition
[] Change	[] Addition

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:

 **S. A. TIGHE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/1999

(954) 345-1725

0162987

CR2E034 (11/98)