
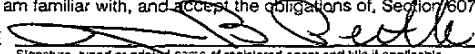


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 328833 (9) 1. Corporation Name JAMES B. PIRTLE CONSTRUCTION COMPANY, INC.			
Principal Place of Business 2230 S.W. 70 AVE. #1 DAVIE FL 33317 US		Mailing Address 2230 S/W/ 70 AVE./ #1 DAVIE FL 33317 US	
2. Principal Place of Business 21 4740 Davie Road Suite, Apt. #, etc. 22 City & State 23 Davie, FL Zip 24 33314		2a. Mailing Address 26 4740 Davie Rd Suite, Apt. #, etc. 27 City & State 28 Davie, FL Zip 29 33314 Country 30 USA	
9. Name and Address of Current Registered Agent PIRTLE, JAMES B. 2230 S.W. 70 AVE., #1 DAVIE FL 33317		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4740 Davie Road 83 84 City Davie FL 85 Zip Code 33314	
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  DATE 1-19-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT MANNETTA, SUZANNE 7554 STIRLING RD #102 HOLLYWOOD FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIRTLE, JAMES B., SR. 6201 SW 130 AVE FT. LAUDERDALE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PIRTLE, MARY K 6201 SW 130TH AVE. FT. LAUDERDALE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GEARY, MICHAEL S 5950 SW 127 AVE. FT. LAUDERDALE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  1-19-98 954 797-0410

CR2E034 (10/97)