

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 367754 (9)

1. Corporation Name
FRANK MAIO GENERAL CONTRACTOR, INC.

Principal Place of Business 5733 FUNSTON STREET HOLLYWOOD FL 33023	Mailing Address 5733 FUNSTON STREET HOLLYWOOD FL 33023
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3666 N.E. 25 TH ST. Suite, Apt. #, etc. SUITE "A" City & State OCALA FL. Zip 34470 Country MARION		2a. Mailing Address 26 3666 N.E. 25 TH ST. Suite, Apt. #, etc. SUITE "A" City & State OCALA, FL. Zip 34470 Country MARION		3. Date Incorporated or Qualified 07/31/1970	4. FEI Number 59-1302023	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent MAIO, FRANK 5901 S W 61 AVENUE DAVIE FL 33314				10. Name and Address of New Registered Agent 81 Name FRANK MAIO 82 Street Address (P.O. Box Number is Not Acceptable) 3666 N.E. 25 TH ST. 83 84 City OCALA FL 85 Zip Code 34470			
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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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MAIO, FRANK STREET ADDRESS 5901 S.W. 61 AVE CITY - ST - ZIP DAVIE FL	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME MAIO, FRANK 1.3 STREET ADDRESS 3666 N.E. 25 TH ST. SUITE "A" 1.4 CITY - ST - ZIP OCALA, FL. 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME PUENTES, CHRISTOPHER STREET ADDRESS 3811 NW 92 AVE. CITY - ST - ZIP HOLLYWOOD 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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank Maio PRES. 4-20-98 (454) 368-7600

CR2E034 (10/97)