


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90012 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 503178 1. Corporation Name RICK RASTRELLI CONSTRUCTION, INC.					
Principal Place of Business 577 S W 11TH COURT PALM CITY FL 34990			Mailing Address 577 S W 11TH COURT PALM CITY FL 34990		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/13/1976 4. FEI Number 59-1662422 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RASTRELLI, RICHARD 577 SW 11TH COURT PALM CITY, FLORIDA 34990				10. Name and Address of New Registered Agent 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZOTTO, JOHN L, SR	1.2 NAME	
STREET ADDRESS	4921 SE POMPANO TERR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	STUART FL	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASTRELLI, RICHARD	2.2 NAME	
STREET ADDRESS	577 SW 11TH COURT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASTRELLI, KATHY L	3.2 NAME	
STREET ADDRESS	577 SW 11TH CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-99 561-287-4914

CR2E034 (5/99)



RICK RASTRELLI CONSTRUCTION, INC.

577 S.W. 11th Court
Palm City, Florida 34990
287-4914 288-9206

601 737-900 12-10
503178

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Filing Fee

Dear Sir or Madam:

We are in receipt of your second notice of the 1999 Profit Corporation Annual Report packet. Unfortunately, we did not receive the first notice. We understand that it is our responsibility to file in a timely manner, have done so every year until now, and would have done so this year if we had received our packet.

At this time, we would respectfully request that you waive the late fee and accept as our payment in full the enclosed check in the amount of \$150.00.

We thank you in advance for your understanding and cooperation in this matter.

Sincerely,


Rick Rastrelli, President

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