


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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90024 001 *1,472.50

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 641418					
1. Corporation Name DELTONA CONSTRUCTION COMPANY, INC.					
Principal Place of Business 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 US			Mailing Address 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 US		
2. Principal Place of Business 21 8014 SW 135th Street Road Suite, Apt. #, etc. 22 City & State 23 Ocala, FL Zip 24 34473		2a. Mailing Address 26 8014 SW 135th Street Road Suite, Apt. #, etc. 27 City & State 28 Ocala, FL Zip 29 34473		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent HUMMERHIELM, SHARON J 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131					
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					
1.1 TITLE President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME Antony Gram					
1.3 STREET ADDRESS 8014 SW 135th Street Road					
1.4 CITY-ST-ZIP Ocala, FL 34473					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME Donald O. McNelley					
3.3 STREET ADDRESS 8014 SW 135th Street Road					
3.4 CITY-ST-ZIP Ocala, FL 34473					
4.1 TITLE Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME Beth Smith					
4.3 STREET ADDRESS 8014 SW 135th Street Road					
4.4 CITY-ST-ZIP Ocala, FL 34473					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon Hummerhielm, VP, Secretary

2/16/99

Date

305-579-0999

Daytime Phone #

CR2E034 (11/98)