

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000001299 (7)			
1. Corporation Name			
GIANNETTI CONTRACTING CORPORATION			
Principal Place of Business		Mailing Address	
6340 SIMS DRIVE STERLING HEIGHTS, MI 48313		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/09/1993	06/01/1995
Suite, Apt. #, etc.		4. FEI Number	Applied For
22	27	38-2477625	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GIANNETTI, RICK 4245 S.W. 111 TERRACE DAVIE, FL 33328		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 4371 N.W. 19TH AVENUE B4 City POMPANO BEACH B5 Zip Code FL 33064	
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	
Signature, typed or printed name of registered agent and title if applicable		(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	GIANNETTI, RICK 4245 S.W. 111 TERRACE DAVIE, FL 33328	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4371 N.W. 19TH AVENUE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Frank Giannetti V.P. 6340 Sims Dr. Sterling Heights, MI 48313	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	XXXXXX <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	700001880527 <input type="checkbox"/> Change <input type="checkbox"/> Addition -07/01/96--01036--030 ***225.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X		5-30-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Frank Giannetti, V.P.			