

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003291 (9)**  
 1. Corporation Name  
**HORAN CONTRACTING, INC.**



Principal Place of Business <b>P.O. BOX 690688 ORLANDO FL 32869-0688</b>	Mailing Address <b>P.O. BOX 690688 ORLANDO FL 32869-0688</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 PO Box 560848</b>	2a. Mailing Address <b>26 PO Box 560848</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Orlando, Florida</b>	City & State <b>28 Orlando, Florida</b>
Zip <b>24 32856-0848</b>	Country <b>25 Orange</b>
Zip <b>29 32856-0848</b>	Country <b>30 Orange</b>

3. Date Incorporated or Qualified <b>06/27/1986</b>	
4. FEI Number <b>22-2050284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BELLINA, CHARLES F**  
**3098G BEECHER DRIVE EAST**  
**PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name <b>Brian Horan</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5029 Vineland Road</b>	
83	
84 City <b>Orlando</b>	85 Zip Code <b>FL 32811</b>

11. Pursuant to the provisions of Sections 607.0507 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]* DATE **4-10-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PCD</b>	
NAME	<b>HORAN, BRIAN</b>	
STREET ADDRESS	<b>348 MAPLE AVENUE</b>	
CITY-ST-ZIP	<b>LYNDHURST NJ</b>	
TITLE	<b>SD</b>	
NAME	<b>HORAN, MARIE</b>	
STREET ADDRESS	<b>249 FOREST AVENUE</b>	
CITY-ST-ZIP	<b>LYNDHURST NJ</b>	
TITLE	<b>TD</b>	
NAME	<b>BERWICK, ELVIRA</b>	
STREET ADDRESS	<b>127 PAGE AVENUE</b>	
CITY-ST-ZIP	<b>LYNDHURST NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 in an attachment with an address

SIGNATURE *[Signature]* **Brian Horan** **4-10-98**

CR2E034 (10/97)