

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90164 004 ***158.75

DOCUMENT # F97000006373

1. Corporation Name

GENERAL CONTRACTING (USA) CO. LIMITED

Principal Place of Business

5520 GLADES CUTOFF RD
FT PIERCE FL 34981
US

Mailing Address

5520 GLADES CUTOFF RD
FT PIERCE FL 34981
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

59-3476586

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

DEMPSEY, W G ESQ
505 S.FLAGLER DR., #1330
WEST PALM BEACH FL 33401

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

TITLE P
NAME UPRIGHT, CLIFFORD I
STREET ADDRESS NEW HOUSE ATCH LENCH NEAR EVESHAM
CITY-ST-ZIP WORCESTERSHIRE UNITED KINGDO

DELETE

TITLE V
NAME ROBINSON, JAMES
STREET ADDRESS 5520 GLADES CUTOFF RD
CITY-ST-ZIP FT PIERCE FL 34981

DELETE

TITLE SD
NAME SMITH, PATRICIA L
STREET ADDRESS STATION RD WARWICK HOUSE
CITY-ST-ZIP KENILWORTH WARWICKSHIRE UK

DELETE

TITLE D
NAME UPRIGHT, CLIFFORD
STREET ADDRESS STATION RD WARWICK HOUSE
CITY-ST-ZIP KENILWORTH WARWICKSHIRE UK

DELETE

TITLE T
NAME HENDERSON, JAMES
STREET ADDRESS 6827 N. ORANGE BLOSSOM TRAIL, #2
CITY-ST-ZIP ORLANDO FL 32860

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

3/25/99

Date

407-541-6006

Daytime Phone #

CR2F034-141/98