

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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90008 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G33091**

1. Corporation Name
P.F. GOMEZ CONSTRUCTION CO., INC.



Principal Place of Business
 3834 JOG ROAD
 GREENACRES FL 33467
 US

Mailing Address
 3246 HOYLAK ROAD
 LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
04/13/1983

4. FEI Number
59-2277937

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
GOMEZ, PEDRO F
3246 HOYLAK RD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOMEZ, PEDRO F.	
STREET ADDRESS	3246 HOY LAKE RD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOMEZ, JOAN F.	
STREET ADDRESS	3246 HOY LAKE RD.	
CITY-ST-ZIP	LAKE WORTH FL	
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

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	
21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.2 NAME	
21.3 STREET ADDRESS	
21.4 CITY-ST-ZIP	
31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31.2 NAME	
31.3 STREET ADDRESS	
31.4 CITY-ST-ZIP	
41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41.2 NAME	
41.3 STREET ADDRESS	
41.4 CITY-ST-ZIP	
51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51.2 NAME	
51.3 STREET ADDRESS	
51.4 CITY-ST-ZIP	
61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61.2 NAME	
61.3 STREET ADDRESS	
61.4 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: *Pedro F. Gomez* 2/15/99 565-439-324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #