


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

FILED  
Mar 17 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 # **G61500** (6)  
1. Corporation Name  
**CARROLL BROTHERS CONSTRUCTION, INC.**



Principal Place of Business <b>5141 SUMMIT BLVD. WEST PALM BEACH FL 33415</b>	Mailing Address <b>POST OFFICE BOX 18408 WEST PALM BEACH FL 33416</b>
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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 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/28/1983</b>	
4. FEI Number <b>59-2327249</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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CARROLL, CHARLES J 22095 ALFRESCO BOCA RATON FL 33428</b>		10. Name and Address of New Registered Agent 81 Name <b>Patti C. Gomez</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2030 NW 16th St</b> 83 84 City <b>Delray Beach</b> <b>FL</b> 85 Zip Code <b>33445</b>	
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11. Pursuant to the provisions of Sections 607.0102 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 *Patti C. Gomez* **Patti C. Gomez** **3/10/98**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARROLL, CHARLES J 22095 ALFRESCO BOCA RATON FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Vice President /D Carroll, Charles J 22095 Ataman Boca Raton, FL 33428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CARROLL, MICHAEL W 5061 20TH ROAD SOUTH WEST PALM BEACH FL 33415</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP of Field Operations /D Michael W. Carroll 13566 North Road</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CARROLL, PATTI A 2030S NW 16TH ST DELRAY BEACH FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Loxahatchee, FL 33470</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President, ST /D Gomez, Patti Carroll 2030 NW 16th St</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *Patti C. Gomez* **Patti C. Gomez** **3/10/98** **561/684-7484**

CR2E034 (10/97)