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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:32

DOCUMENT # G69491 (0)

1. Corporate Name
EASTERN PORTLAND CEMENT CORP.

Principal Place of Business
1400 CENTREPARK BLVD. SUTIE 900
W. PALM BEACH FL 33401

Mailing Address
1400 CENTREPARK BLVD. SUTIE 900
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1983
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1167232 [ ] 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SPENCER, MAURY L
1400 CENTREPARK BLVD. SUITE 900
W. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	SPENCER, MAURY L	NAME	
STREET ADDRESS	209E 100 SUNRISE AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 00000	CITY-ST-ZIP	
TITLE	P	TITLE	[ ] Change [ ] Addition
NAME	SPENCER, MAURY L	NAME	
STREET ADDRESS	209E 100 SUNRISE AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 00000	CITY-ST-ZIP	
TITLE	VP	TITLE	[ ] Change [ ] Addition
NAME	SPENCER, GILBERT	NAME	
STREET ADDRESS	1400 CENTREPARK BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	S	TITLE	[ ] Change [ ] Addition
NAME	SPENCER, MAURY L	NAME	
STREET ADDRESS	209E 100 SUNRISE AVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 00000	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(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: (signature) 4/13/95 407-687-5093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0242677 CP