

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

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G69491** (0)
1. Corporation Name
EASTERN PORTLAND CEMENT CORP.

Principal Place of Business 1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401	Mailing Address 1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401
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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 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/10/1983	
4. FEI Number 59-1167232		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		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 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

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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPENCER, MAURY L		1.2 NAME				
STREET ADDRESS	209E 100 SUNRISE AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH, FL 00000		1.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPENCER, MAURY L		2.2 NAME				
STREET ADDRESS	209E 100 SUNRISE AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH, FL 00000		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPENCER, GILBERT		3.2 NAME				
STREET ADDRESS	1400 CENTREPARK BLVD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPENCER, MAURY L		4.2 NAME				
STREET ADDRESS	209E 100 SUNRISE AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH, FL 00000		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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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: *[Signature]* 4/3/98 561-687-8093

CR2E034 (10/97)