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

DOCUMENT # G78069

(3)

FILED
99 FEB 25 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
C-MAR CONTRACTORS, INC.

Principal Place of Business
2825 PARTIN SETTLEMENT RD.
KISSIMMEE, FLORIDA
US 34744

Mailing Address
2825 PARTIN STLMT. RD.
KISSIMMEE, FL.
US 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2825 PARTIN SETTLEMENT RD.
Suite, Apt #, etc
22
City & State
23 KISSIMMEE, FLORIDA
Zip 24 34744
Country 25 Osceola

2a. Mailing Address
26 2825 PARTIN SETTLEMENT RD
Suite, Apt #, etc
27
City & State
28 KISSIMMEE, FLORIDA
Zip 29 34744
Country 30 Osceola

3. Date Incorporated or Qualified
1-11-1984

4. FEI Number
59-2388116
[ ] 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
DANLEY, RICHARD D.
3501 13TH ST.
ST. CLOUD, FLORIDA
34769

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 (WITH Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	P [ ] DELETE
NAME	MARTINO RONALD
STREET ADDRESS	2825 PARTIN SETTLEMENT RD.
CITY-ST-ZIP	KISSIMMEE, FLORIDA 34744
TITLE	VP [ ] DELETE
NAME	MARTINO, CHESTER P.
STREET ADDRESS	2825 PARTIN SETTLEMENT RD.
CITY-ST-ZIP	KISSIMMEE, FLORIDA, 34744
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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****150.00 ****150.00

CR2E034 (11/98)

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: Ronald Martino RONALD MARTINO 2-23-99 (407) 932-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone