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

(3)

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

DOCUMENT # G78069

1. Corporation Name
C-MAR CONTRACTORS, INC.

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

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

DO NOT WRITE IN THIS SPACE

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

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

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

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) (Write Registered Agent signature on the line above) DATE

12. OFFICERS AND DIRECTORS

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