


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

FILED

**May 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H16045 (7)
1. Corporation Name
ALTO CONSTRUCTION CO., INC.



Principal Place of Business 7006 N CENTRAL TAMPA FL 33604-5513 US	Mailing Address POST OFFICE BOX 8761 TAMPA FL 33674-8761 US
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2. Principal Place of Business 21 3402 N. 40th Street Suite, Apt. #, etc.	2a. Mailing Address 26 Same As Above Suite, Apt. #, etc.
22 City & State 23 Tampa, Florida	27 City & State 28
24 Zip 33605 Country USA	29 Zip Country

3. Date Incorporated or Qualified 08/10/1984	3a. Date of Last Report 02/19/1996
4. FEI Number 59-2458589	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, STEWART G 515 E FERN ST 514 E FERN ST TAMPA FL 33604		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director, President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, STEWART GREGG		1.2 NAME Secretary, Treasurer	
STREET ADDRESS 514 E FERN		1.3 STREET ADDRESS Smith, Sr., Stewart Gregg	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP 514 E. Fern, Tampa, Florida 33604	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EADY, EARL F		2.2 NAME Eady, Earl Frank	
STREET ADDRESS 559 ROBIN HILL CIR		2.3 STREET ADDRESS 559 Robin Hill Circle	
CITY-ST-ZIP BRANDON FL		2.4 CITY-ST-ZIP Brandon, Florida 33510	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COULL, GEORGE S		3.2 NAME Coull, Jr. George S.	
STREET ADDRESS 1704 N. ALEXANDER RD		3.3 STREET ADDRESS 1704 N. Alexander Road	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Tampa, Florida 33603	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I do 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: Stewart G. Smith, Sr. **SIGNATURE REQUIRED** Date: **5/9/97** Daytime Phone # _____

CR2E034 (9/96)