


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

FILED
May 13 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 # H19874 (7)
1. Corporation Name
FLORIDA CONSTRUCTION CONSULTING & MANAGEMENT CO.
, INC.



Principal Place of Business 6645 RIDGE ROAD, SUITE ONE %ALFRED W. TORRENCE, JR. PORT RICHEY FL 34688	Mailing Address 6645 RIDGE ROAD, SUITE ONE %ALFRED W. TORRENCE, JR. PORT RICHEY FL 34688-8838
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3. Date Incorporated or Qualified 08/31/1984	3a. Date of Last Report 03/05/1996
4. FEI Number 59-2626706	Applied For 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"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent TORRENCE, ALFRED W. JR. 6645 RIDGE ROAD, SUITE ONE PORT RICHEY FL 34688	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
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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	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CENTELLA, THOMAS J.
STREET ADDRESS	4900 MARLIN DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	PSTD <input checked="" type="checkbox"/> DELETE
NAME	CENTELLA, SHARON A.
STREET ADDRESS	4980 MARLIN DR
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	CENTELLA, RICK M.
STREET ADDRESS	4280 CINNAMON LANE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WOLSZON, GEORGE JR
STREET ADDRESS	6403 SMITHFIELD AVE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP CENTELLA, RICK M.
3.3 STREET ADDRESS	4280 CINNAMON LANE
3.4 CITY - ST - ZIP	BROOKSVILLE, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DP PAUL CENTELLA
4.3 STREET ADDRESS	8710 LAFITTE DR.
4.4 CITY - ST - ZIP	HOPKINSON, FL 34667
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP THOMAS G. CENTELLA
5.3 STREET ADDRESS	11880 LAKEWOOD PR
5.4 CITY - ST - ZIP	HOPKINSON, FL 34669
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  VD THOMAS G. CENTELLA V.D. 4-1-97 813 8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7955

CR2E034 (9/96)