


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J16081** (8)  
1. Corporation Name  
**PIONEER CONCRETE TILE, INC.**

Principal Place of Business <b>PIONEER CONCRETE TILE, INC. 1340 S.W. 34TH AVENUE DEERFIELD BEACH FL 33442 US</b>	Mailing Address <b>PIONEER CONCRETE TILE, INC. 1340 S.W. 34TH AVENUE DEERFIELD BEACH FL 33442 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/23/1986</b>	
21 Suite, Apt. #, etc.	26	4. FEI Number <b>59-2706986</b>		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVICES, INC. 777 FLAGLER DRIVE SUITE 500 EAST WEST PALM BEACH FL 33401</b>		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 <b>FL</b>

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	CROCKER, RON	1.2 NAME	
STREET ADDRESS	LEVEL 20, 580 GEORGE ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	SYDNEY, NSW AUS	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, DOUGLAS	2.2 NAME	
STREET ADDRESS	10650 POPLAR AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FONTANA CA 92337	2.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWAN, PAT	3.2 NAME	
STREET ADDRESS	10620 POPLAR AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FONTANA CA 92337	3.4 CITY - ST - ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID	4.2 NAME	
STREET ADDRESS	1340 SW 34TH AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTINGLY, RON	5.2 NAME	
STREET ADDRESS	800 GESSNER, STE. 100	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77024	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, GARY	6.2 NAME	
STREET ADDRESS	1340 SW 34TH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	6.4 CITY - ST - ZIP	

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 as an attachment with an address.

SIGNATURE:

*[Signature]* **NOT RECORDED**

1-19-98

954-421-2077

CF2E034 (10/97)