LE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # **J48332** **(7)**

1. Corporation Name
OPUS SOUTH CONSTRUCTION CORPORATION

Principal Place of Business
% C T CORPORATION SYSTEM
5401 CORP.WOODS DR.,#100
PENSACOLA FL 32504

Mailing Address
% C T CORPORATION SYSTEM
5401 CORP.WOODS DR.,#100
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2803749 [ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	GREENFIELD, BARRY W
STREET ADDRESS	4200 W. CYPRESS, STE 444
CITY-ST-ZIP	TAMPA FL
TITLE	PSD
NAME	RAUENHORST, NEIL J.
STREET ADDRESS	4200 W. CYPRESS, STE 444
CITY-ST-ZIP	TAMPA FL
TITLE	AS
NAME	KASER, MARY
STREET ADDRESS	5401 CORP WOODS DR 100
CITY-ST-ZIP	PENSACOLA FL
TITLE	C
NAME	CONNOR, GEORGE X
STREET ADDRESS	9900 BREN ROAD EAST
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	D
NAME	PERKINS, ROBERT
STREET ADDRESS	9900 BREN ROAD EAST
CITY-ST-ZIP	MINNETONKA MN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition (×6)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Barry Greenfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 DATE

813-877-4444 DAYTIME PHONE #

0469218 FF