

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

FILED

**May 15 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 # J88087 (8)

1. Corporation Name
TALLON/BICZEK CONSTRUCTION, INC.



Principal Place of Business % DAVID H. SIMMONS 120 S ORANGE AVE. ORLANDO FL 32801-3204	Mailing Address % DAVID H. SIMMONS 120 S ORANGE AVE. ORLANDO FL 32801-3204
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2. Principal Place of Business 21 7600 Dr. Phillips Blvd.	2a. Mailing Address 26 % David H. Simmons	3. Date Incorporated or Qualified 08/18/1987	3a. Date of Last Report 04/02/1996
Suite, Apt. #, etc. 22 Ste. #2	Suite, Apt. #, etc. 27 332 North Magnolia Av.	4. FEI Number 59-2847132	Applied For Not Applicable
City & State 23 Orlando, FL	City & State 28 Orlando, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 Orange	Zip 29 32801-1609	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25 Orange	Country 30 Orange	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 SIMMONS, DAVID H. 120 SOUTH ORANGE AVE. ORLANDO FL 32802		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 332 North Magnolia Av.	
83		84 City Orlando	
		85 Zip Code FL 32801-1609	

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 PD	<input type="checkbox"/> DELETE TALLON, LARRY 401 W. MAIN ST WINDERMERE FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS 6113 Masters Blvd.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST	<input type="checkbox"/> DELETE BICZEK, JAMES F. 7600 DR PHILLIPS BLVD #2 ORLANDO FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS 6158 Masters Blvd.	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE BICZEK, JAMES F. 7600 DR PHILLIPS BLVD #2 ORLANDO FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS 6158 Masters Blvd.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Orlando, FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JAMES F. BICZEK 4/30/97 407/876-7730
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)