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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. APPROVED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 1998 DEC -3 PM 2: 20 Secretary of State DIVISION OF CORPORATIONS Reini-1998 SECRETARY OF STATE DOCUMENT # (1) Corporation Name PRIEDE MAL CONSTRUCTORS, INC. Principal Place of Business Mailing Address 3606 LITTLE RD 3606 LITTLE RD **LUTZ FL 33549** LUTZ FL 33549 DO NOT WRITE IN THIS SPACESCE 12-3-98 3. Date Incrporated or Qualified 10/27/1/87 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbr 1483 TAMPA 59 ml 59-286734 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate d Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Camaign Financing AMPA) Added to Fees 23 28 Trust Fund Cotribution Country Zio Country 8. This corporation owes or has paid the current year intangible 25 USA 29 30 Personal Propety Tax due June 30. 10. Name and Addess of New Registered Agent 9. Name and Address of Current Registered Agent 81 NUCCIO, VINCENT 3939 W. KENNEDY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 84 City Zip Code FL Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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, and accept the obligations of, section 607.0505, Florida Statutes. 13e SIGNATURE tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE DELETE PRIEDE, NELSON J. 1.2 NAME NAME 3606 LITTLE RD 1.3 STREET ADDRESS STREET ADDRESS LUTZ FL 1.4 CITY-ST-ZIP CITY-ST-2.1 TITLE Change Addition TITI F DELETE 2.2 NAME 400002706634----12/08/38--01083--007 NAME 2.3 STREET ADDRESS STREET ADDRESS **** Addition CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE Change Addition DELETE TITLE 5,2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF 6.1 TITLE Change Addition TITLE ___ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 on an attachment with an address.

SUBNA

SIGNATURE: