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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22434					
1. Corporation Name COUNTRY CASTLE CONTRACTORS, INC.					
Principal Place of Business P.O. BOX 770249 ORLANDO FL 32877-249 US			Mailing Address P.O. BOX 770249 ORLANDO FL 32877-0249 US		
21. Principal Place of Business # 320 741 Front St. Celebration, FL 34747			2a. Mailing Address P.O. BOX 770249 ORLANDO FL 32877-0249 US		
22. Suite, Apt. #, etc. F.I. 34747			27. Suite, Apt. #, etc.		
23. City & State			28. City & State		
24. Zip Country			29. Zip Country		
9. Name and Address of Current Registered Agent VILLACAMPA, ALCIDES A. 2849 EAGLE LAKE DRIVE ORLANDO FL 32837			10. Name and Address of New Registered Agent		
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.			81. Name		
SIGNATURE			82. Street Address (P.O. Box Number is Not Acceptable)		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			83.		
DATE			84. City		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PCEO			1.1 TITLE		
NAME VILLACAMPA, ALCIDES A.			1.2 NAME		
STREET ADDRESS P.O. BOX 770249			1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32877-0249			1.4 CITY-ST-ZIP		
TITLE VPS			2.1 TITLE		
NAME VILLACAMPA, BONNIE			2.2 NAME		
STREET ADDRESS P.O. BOX 770249			2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32877-0249			2.4 CITY-ST-ZIP		
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie Villacampa* *Bonnie Villacampa, Vice President* 4/13/99 4075661871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0108264

CR2E034 (11/98)