


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M72568** (2)

1. Corporation Name  
**CONSUTEC CONSTRUCTION, INC.**

Principal Place of Business  
**C/O RAY OCHOTORENA  
5835 MEMORIAL HWY., STE. 16  
TAMPA FL 33615-5005**

Mailing Address  
**C/O RAY OCHOTORENA  
5835 MEMORIAL HWY., STE. 16  
TAMPA FL 33615-5005**

FILED

97 JUL 29 AM 6:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4509 George Rd.</b> Suite, Apt. #, etc. 22 <b>Suite 200</b> City & State 23 <b>Tampa, Fl</b> Zip 24 <b>33634</b>		2a. Mailing Address 25 <b>4509 George Rd.</b> Suite, Apt. #, etc. 27 <b>Suite 200</b> City & State 28 <b>Tampa, Fl</b> Zip 29 <b>33634</b>		3. Date Incorporated or Qualified <b>03/11/1988</b>		3a. Date of Last Report <b>04/09/1996</b>	
				4. FEI Number <b>59-2882657</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>OCHOTORENA, RAY 5835 MEMORIAL HWY. STE. 16 TAMPA FL 33615-5005</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4509 George Rd.</b> 83 <b>Suite 200</b> 84 City <b>Tampa</b> 85 Zip Code <b>FL 33634</b>			
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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 *E.W. Krawczyk* **E.W. KRAWCZYK** 22 July '97  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD KRAWCZYK, EDWARD W 13147 GREENGAGE LN. TAMPA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSD 800002258328--2 -08/05/97--01083--003 ****173.75 ****173.75</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD OCHOTORENA, RAY 7200 FLOWER AVE. TAMPA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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 *E.W. Krawczyk* **E.W. KRAWCZYK** 22 July 97 813-889

CR2E034 (4/97)

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# **ConsuTec Construction, Inc.**



*General Contractors - CG - C042125*  
4509 George Road, Suite 200  
Tampa, Florida 33634-7353

July 22, 1997

DIVISION OF CORPORATIONS  
Annual Reports Section  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

Attn: Andy

Dear Andy:

Per our telephone conversation this morning, enclosed please find check number 5799 in the amount of \$173.75 for our 1997 filing fee and certificate status.

Also, I am enclosing a copy of our first filing as well as a copy of our first check which apparently was lost in the mail.

I appreciate your concern and handling of this matter.

Sincerely

CONSUTEC CONSTRUCTION, INC.

Rogelio Mendez, Jr.  
Accountant

RM/ps