

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44589 (2) 1. Corporation Name ALLIANCE OF CONSTRUCTION TRADES OF FLORIDA, INC.
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Principal Place of Business 1210 N. CLEARVIEW TAMPA FL 33607 US	Mailing Address 1210 N CLEARVIEW TAMPA FL 33607
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GEORGE, DAVID M. 1215 MAGDALENE HILL DRIVE TAMPA FL 33613

3. Date Incorporated or Qualified 08/01/1991	
4. FEI Number 59-3094545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	SCHMID, TOM
STREET ADDRESS	3500 KOGER BLVD N \$103
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD BISMARCK, KEANE
STREET ADDRESS	1210 N CLEVELAND AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD COX, ELEANOR
STREET ADDRESS	2347 FERN PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KULJESH, JAMES
STREET ADDRESS	2180 9TH STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD YAGMIN, MIKE
STREET ADDRESS	12895 AUTOMOBILE BLVD
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ARANTZ, BRUCE
STREET ADDRESS	9000 ULMERTON RD., #28
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D MICHELLE TAPPOUNI
4.3 STREET ADDRESS	1344 W. CASS STREET
4.4 CITY-ST-ZIP	TAMPA, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D DON YODER
6.3 STREET ADDRESS	14172 CHAMBERLAIN AVE.
6.4 CITY-ST-ZIP	LARGO, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **KEANE BISMARCK** 4-20-98 (813)878-2607

CR2E037 (10/97)