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

0559188

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 13 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30895

1. Corporation Name
CONSTRUCTION SUPERVISORS, INC.

Principal Place of Business	Mailing Address
4545 BISSONNET SUITE 110 BELLAIRE TX 77401	4545 BISSONNET SUITE 110 BELLAIRE TX 77401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/12/1990

4. FEI Number
74-1553956
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	**PD**	[ ] DELETE
NAME	**MOSTYN, R. W.**	
STREET ADDRESS	**4545 BISSONNET, SUITE 110**	
CITY-ST-ZIP	**BELLAIRE TX**	
TITLE	**STD**	[ ] DELETE
NAME	**CARTER, CAROL**	
STREET ADDRESS	**4545 BISSONNET, SUITE 110**	
CITY-ST-ZIP	**BELLAIRE TX**	
TITLE	**VD**	[ ] DELETE
NAME	**LOGAN, CRAIG**	
STREET ADDRESS	**4545 BISSONNET SUITE 110**	
CITY-ST-ZIP	**BELLAIRE TX**	
TITLE	**VP**	[ ] DELETE
NAME	**CARTER, TERRY**	
STREET ADDRESS	**4545 BISSONNET, STE 110**	
CITY-ST-ZIP	**BELLAIRE TX 77401**	
TITLE	**VP**	[ ] DELETE
NAME	**BLACK, JOHN E**	
STREET ADDRESS	**4545 BISSONNET, STE 110**	
CITY-ST-ZIP	**BELLAIRE TX 77401**	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME	700002880567--2	
2.3 STREET ADDRESS	-05/20/99--01006--007	
2.4 CITY-ST-ZIP	****550.00 ****550.00	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: *Carol Carter* Carol Carter, Secretary-Treasurer 5-11-99 713-667-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR