FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P93000025520 (6)

9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ALLIED CONSTRUCTION AND REAL ESTATE CORP., INC.

401 SW FIRST AVE
FT LAUDERDALE FL 33301

401 SW FIRST AVE
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 04/01/1993

3a. Date of Last Report: 04/21/1994

4. FEI Number: 65-0412300 — 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. Does the corporation qualify for exemption under 501(c)(4) Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SMITH, CHARLES G
401 SW FIRST AVE
FT LAUDERDALE FL 33301

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 Section 607.0505 (1) (a) (2) 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 duties and responsibilities of Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (V.T.)	
TITLE	DVP	TITLE	[ ] Change [ ] Addition
NAME	SMITH, CHARLES G	NAME	
STREET ADDRESS	401 SW FIRST AVE	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	CITY, ST, ZIP	
TITLE	DVP	TITLE	[ ] Change [ ] Addition
NAME	TRACY, DWIGHT L	NAME	
STREET ADDRESS	401 SW FIRST AVE	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	CITY, ST, ZIP	
TITLE	DP	TITLE	[ ] Change [ ] Addition
NAME	PASCA, ANTHONY A JR	NAME	
STREET ADDRESS	401 SW FIRST AVE	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL	CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS FILING, INCLUDING ANY GRAPHICS, HAS NOT BEEN ALTERED IN ANY MANNER WHICH WOULD PROHIBIT ITS INCLUSION IN THE OFFICIAL RECORD OF THE CORPORATION OR ITS ANNUAL REPORT. I FURTHER CERTIFY THAT THE INFORMATION CONTAINED IN THE ELECTRONIC MESSAGE WHICH I AM TRANSMITTING TO THE DEPARTMENT OF STATE IS THE SAME AS THE INFORMATION CONTAINED IN THE PAPER DOCUMENT WHICH I AM SIGNING AND FILING WITH THE DEPARTMENT OF STATE. I AM AUTHORIZED TO MAKE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES, AND THAT MY NAME APPEARS IN BLOCK 12 ABOVE AS AN OFFICER OR DIRECTOR OF THE CORPORATION OR I AM OTHERWISE EMPOWERED TO MAKE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES, AND THAT MY NAME APPEARS IN BLOCK 13 ABOVE WITH THE TITLE I AM CHANGING OR ADDING.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

0200874 CP