
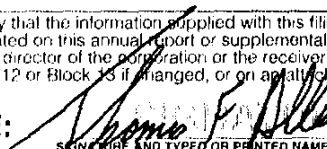


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000029618 (4)					
1. Corporation Name CONSOLIDATED ERECTION SERVICES, INC.					
Principal Place of Business 375 DOUGLAS AVENUE SUITE 2008 ALTAMONE SPRINGS FL 32714 US			Mailing Address P.O. BOX 607178 ORLANDO FL 32860-7178 US		
2. Principal Place of Business 21 2722 CLOUDCROFT DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. BOX 607100 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/20/1993	
22 City & State 23 APOPKA, FL.		27 City & State 28 ORLANDO, FL.		3a. Date of Last Report 01/29/1996	
24 Zip 32703		25 Country USA		4. FEI Number 59-3178148	
9. Name and Address of Current Registered Agent ALLEN, THOMAS F 2722 CLOUDCROFT DRIVE APOPKA FL 32703		29 Zip 32860-7100		30 Country USA	
81 Name		10. Name and Address of New Registered Agent			
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
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; 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 appointment with an address.					
SIGNATURE:  THOMAS F. ALLEN DATE: 4/30/97 DAYTIME PHONE: 407 886-0412					

CR2E034 (9/96)