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

SIGNATURE AND TYPEO OF PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 24 Bil 9: 11. DOCUMENT # P 93000068524 (6) CRAIG CONSTRUCTION CORP. SECIRE MAN THE STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10824 Morningstar Drive Cooper City, Fl 33626 10824 Morningstar Drive Cooper City, FL 33026 3. Date incorporated or Qualified 3a. Date of Last Report 09/27/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 Not Applicable 65-0451242 Suite, Apt. #. etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes 24 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOTTLIEB, BRUCE M. 82 Street Address (P.O. Box Number is Not Acceptable) 125 North 46 Avenue Hollywood, FL 33021 83 84 City 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 poard 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 or mediname of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS CHANGES O DEFICERS AND OBJECTIONS 13. PD TITLE DELETE 1 1 TITLE -09/26/97 - 011/700 - 00 400 100 Friefeld, Craig NAME 1.2 NAME **<u>***915,400</u> -****315.00 10824 Morningstar Drive 1.3 STREET ADDRESS STREET ADDRESS Cooper City, FL 33626 CITY-ST-ZIP 1 4 CITY-ST-ZIP DELETE 21 TITLE Change Adoition TITL F NAME Friefeld, Irving 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 10824 Morningstar Drive CITY - ST - ZIP 2 4 CITY-ST-ZIP Cooper City, FL 33026 DELETE TITLE 2.1 TITLE NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE EIOOOO2304768- Addition TITLE 4.1 TITLE NAME 4 2 NAME -n9/26/97--01071--002 STREET ADDRESS 43 STREET ADDRESS ****915.00 ****915.00 44 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP □ DELETÉ 6.1 TITLE Change Addeinn TITLE NAME 6.2 NAMÉ STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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 char or on an altachment with an address

Daytime Phone #