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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072412 (8)

APOGEE CONSTRUCTION & ENGINEERING, INC.

Mailing Address Principal Place of Business 76 BATTA DRIVE P.O. BOX 4110 PONCE INLET FL 32127 SOUTH DAYTONA FL 32121 3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1993 05/17/1996 2. Principal Place of Business 2a. Mailing Address FÉI Number Applied For Jana Drive 26 59-3208566 Not Applicable Suite, Apt. #, etc. \$8.75 Additional \Box 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 Country Zφ Country Zφ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JAEGER, L.L. 76 DANA-DRIVE Vana 82 Street Address (P.O. Box Number is Not Acceptable) PONCE INLET FL 32127 83 City Zip Code 85 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, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change Addition PD DELETE 1.1 TITLE TITLE Jaeger, L.L. 1.2 NAME NAME 16 Jana Drive 76-BARK DRIVE 1.3 \$TREET ADDRESS STREET ADDRESS PONCE INLET FL 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 21 TITLE TITLE SHERMAN, JEAN K 22 NAME NAME 76 Fang Drive 76 BARTA DRIVE STREET ADDRESS 2.3 STREET ADDRESS PONCE INLET FL 2. 4 CITY - ST- ZIP CHTY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAMi 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition THILE 5 1 TITLE

14. To 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 gn an anathment with an address.

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TIFLE

NAME STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP

INATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone •

Change

Addition

FILED

May 09 1997 8:00am

Secretary of State