

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080904 (4)

1. Corporation Name
CUSTOM CRETE, INC.



Principal Place of Business: **9471 TREASURE LANE N.E. ST. PETERSBURG FL 33702**
Mailing Address: **9471 TREASURE LANE N.E. ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified: **11/23/1993**
3a. Date of Last Report: **08/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3224802		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAUL, EDWARD M 9471 TREASURE LANE N.E. ST. PETERSBURG FL 33702				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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: *Edward M. Paul* / **Edward M. Paul / President**
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			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	PAUL, EDWARD M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PAUL, EDWARD M			1.2 NAME	PAUL, EDWARD M		
STREET ADDRESS	9471 TREASURE LANE N.E.			1.3 STREET ADDRESS	9471 TREASURE LANE N.E.		
CITY-ST-ZIP	ST. PETERSBURG FL 33702			1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLEEN, PAUL			2.2 NAME			
STREET ADDRESS	9471 TREASURE LANE N.E.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33702			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	CALLAHAN, DANIEL J.		
STREET ADDRESS				3.3 STREET ADDRESS	1269 ASKEW DR.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	BRANDON, FL 33511		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Edward M. Paul* **Mar 29, 1996** **(813) 576-8771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)