SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. **MOUNT DUE ON OR BEFORE 8/7/96; \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$375.)			
PROFIT			amended Copat
CORPORATION Sandra B. Mortham ANNUAL REPORT			and the following
1996 Secretary of State DIVISION OF CORPORATIONS			
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DOCUMENT # 2940000 43448			SEC ALL
Countary Construction Corporation			基带 昂 亚
Stories y Constitution			ASSE 22
Principal Place of Business Mailing Address			muß mis z
15 SEVILLAST.			10/24/91
STALLOUSTINE FL SLOSY			3. Date Incorporated or Qualified 3. Date of Last Report
2. Principal Place of Business 2a Mailing Address			6-6-94 7/19 1996
2. Principal Place of Business 21. Same 15781145 57 26 Same			4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.			Certificate of Status Desired \$8.75 Additional
City & State 4			Fee Required 6. Election Campaign Financing \$5.00 May Be
23 5.7 Zip	Hugustini / 28	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
24 SECT 25 Phys 29 30 Florida Statutes Yes C No			
Od No.			
Richard Opozido. 82 Street Address (P.O. Box Number is Not Acceptable)			
15 SEVILLA ST			
ST Augustine Pc 32084 B4 City B5 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 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 little if approache (NOTE: Registered Agent signature required when reinstating) DATE OF COMMENDED TO SERVICE STATES AGENT AGEN			
TITLE V	RICHAR & QUINTANA DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	404 Riborna St.	1.2 NAME	Kon Diestaba
CiTY-ST-ZIP	ST Augustine FC 32084	1.3 STREET ADDRESS 1.4 City - St - Zip	Hastings PL 32145
TITLE NAME	DELETE	21 TITLE	Hastings PL 32145 Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADORESS	8000019865486 -10/25/9601103003
CITY-ST-ZIP	DELETE	2 4 City - ST - ZIP 3.1 TITLE	*****61,25 , *****61,25
NAME	_ onen	3.2 NAME	Linange Linange Addition
STREET ADDRESS CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME Street address		4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 City-St-ZIP	
TITLE NAMF	DELETE	5.1 TITLE 5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Phone Adde-
NAME		6.2 NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS 6 4 CITY - ST - ZIP	
14. I do hereb		shed 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNATURE OF SIGNATU			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Daytime Plane #			