


4-29-98 B-5869-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P94000093121 (9)</b> 1. Corporation Name <b>SOBBA STUCCO &amp; STONE INC.</b>		



Principal Place of Business <b>12350 HANLEY DRIVE SPRING HILL FL 34608</b>	Mailing Address <b>12350 HANLEY DRIVE SPRING HILL FL 34608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12350 HANLEY DR.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>12350 HANLEY DR</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/22/1994</b>	
22 City & State 23 <b>SPRING HILL FL</b> Zip Country 24 <b>34608</b> 25 <b>HERNANDO</b>		27 City & State 28 <b>SPRING HILL FL</b> Zip Country 29 <b>34608</b> 30 <b>HERNANDO</b>		4. FEI Number <b>59-3284646</b> Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 <b>SPRING HILL FL</b>		28 <b>SPRING HILL FL</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOBBA, VERNON 12350 HANLEY DRIVE SPRING HILL FL 34608</b>		10. Name and Address of New Registered Agent 81 Name <b>VERNON SOBBA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12350 HANLEY DR</b> 83 84 City <b>SPRING HILL</b> FL 85 Zip Code <b>34608</b>	
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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	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBBA, VERNON W</b>	1.2 NAME	
STREET ADDRESS	<b>12350 HANLEY DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBBA, JANICE</b>	2.2 NAME	
STREET ADDRESS	<b>12350 HANLEY DRIE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 an attachment with an address.

SIGNATURE: *Vernon Sobba* **VERNON SOBBA** *President* 4-30-98 352 666-5146

CR2E034 (10/97)