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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023689 (9)

CIRO'S BRICKFACE & STUCCO, INC.

Principal Place of	Business
3935 ALPERT DI ORLANDO FL 33	

FILED May 15 1998 8:00am Secretary of State

Mailing Address 3935 ALPERT DR. ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3308987 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RANDAZZO, CIRO P 3935 ALPERT DR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 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 State change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obliquitions of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE: Hearstened Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition D TITLE 1.1 TITLE RANDAZZO, CIRO P CR2E034 NAME 1.2 NAME 3935 ALPERT DR. STREET ADORESS 1.3 STREET ADDRESS ORLANDO FL 32810 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition Addition 21 TITLE TITLE NAME RANDAZZO, FANNY L 2.2 NAME STREET ADDRESS 3935 ALPERT DR. 2.3 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 1 IILE NAME 3.2 NAME STREET ADDRESS 3 3 STREE1 ADDRESS CITY-ST-ZIP 3.4 C/1Y-ST-ZIP DELETE 4 1 TITLE Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - 7/P CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELFTE 6) THE Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-S1-ZIP

14. Thereby 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 armual report or suppliemental 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 trosten empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

SIGNATURE:

CIRO RANDATTO

293-7151