

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90030 028 ***550.00

DOCUMENT # **P95000039877**

1. Corporation Name
RICO CONCRETE FORMS INC.



Principal Place of Business
**236 BLOSSOM TERR
ORLANDO FL 32809**

Mailing Address
**2236 BLOSSOM TERR
ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1995	
1 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3340392	Applied For Not Applicable
3 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
4 Zip	25	30 Country	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent RICO, JOSE R 2236 BLOSSOM TERR ORLANDO FL 32809				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

1. 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									
2. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1E	PVST	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ME	RICO, JOSE R							1.2 NAME							
REET ADDRESS	2236 BLOSSOM TERR							1.3 STREET ADDRESS							
Y-ST-ZIP	ORLANDO FL 32809							1.4 CITY-ST-ZIP							
1E	D	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ME	RICO, JOSE R							2.2 NAME							
REET ADDRESS	2236 BLOSSOM TERR							2.3 STREET ADDRESS							
Y-ST-ZIP	ORLANDO FL 32809							2.4 CITY-ST-ZIP							
1E		<input type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ME								3.2 NAME							
REET ADDRESS								3.3 STREET ADDRESS							
Y-ST-ZIP								3.4 CITY-ST-ZIP							
1E		<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ME								4.2 NAME							
REET ADDRESS								4.3 STREET ADDRESS							
Y-ST-ZIP								4.4 CITY-ST-ZIP							
1E		<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ME								5.2 NAME							
REET ADDRESS								5.3 STREET ADDRESS							
Y-ST-ZIP								5.4 CITY-ST-ZIP							
1E		<input type="checkbox"/> DELETE						6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
ME								6.2 NAME							
REET ADDRESS								6.3 STREET ADDRESS							
Y-ST-ZIP								6.4 CITY-ST-ZIP							

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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/05/99
Date

Daytime Phone #

CR2E034 (5/99)

0018464