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Feb 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000007343 (2)

1. Corporation Name

CONSTRUCTION SERVICES OF ORLANDO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1554 BOREN DRIVE, SUITE 100 OCOE FL 34761		Mailing Address 1554 BOREN DRIVE, SUITE 100 OCOE FL 34761	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent			
CASSERINO, FRANK 1554 BOREN DRIVE, SUITE 100 OCOE FL 34761			
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			

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	PD	1.1 TITLE	
NAME	CASSERINO, FRANK	1.2 NAME	
STREET ADDRESS	1554 BOREN DRIVE, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	CASSERINO, RICHARD	2.2 NAME	
STREET ADDRESS	1554 BOREN DRIVE, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BHULLAR, PARAM	3.2 NAME	
STREET ADDRESS	1554 BOREN DRIVE, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*[Signature]*

1-11-98

407-817-7157

CR2E034 (10/97)