


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000067954 (3)**  
 1. Corporation Name  
**ROSCILLO CONCRETE & MASONRY INC.**



Principal Place of Business <b>35140 RICHARDSON BLVD WEBSTER FL 33597</b>	Mailing Address <b>35140 RICHARDSON BLVD WEBSTER FL 33597-8509</b>
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3. Date Incorporated or Qualified <b>08/15/1986</b>	3a. Date of Last Report <b>1st Report</b>
4. FEI Number <b>59-3399588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>Roscillo Concrete &amp; Masonry Inc.</b>	2a. Mailing Address 26 <b>35140 RICHARDSON Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 <b>Webster FL</b>
23 Zip	28 <b>33597</b>
Country	29 <b>USA</b>

9. Name and Address of Current Registered Agent <b>ROSCILLO, BEN P 35140 RICHARDSON BLVD WEBSTER FL 33597</b>		10. Name and Address of New Registered Agent	
81 Name <b>Ben Paul Roscillo</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>35140 RICHARDSON Blvd.</b>	83	84 City <b>Webster</b>
85 Zip Code <b>FL 33597</b>			

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: Ben Paul Roscillo (NOTE: Registered Agent signature required when reinstating) DATE: 1-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRES. Ben Paul Roscillo</b>	1.2 NAME	
STREET ADDRESS	<b>35140 Richardson Blvd.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Webster FL 33597</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2nd officer Ben Roscillo</b>	2.2 NAME	
STREET ADDRESS	<b>35140 Richardson Blvd.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Webster FL 33597</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3rd officer Ben Paul Roscillo</b>	3.2 NAME	
STREET ADDRESS	<b>35140 Richardson Blvd.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Webster FL 33597</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Ben Paul Roscillo DATE: 1-28-97 DAYTIME PHONE #: (850) 583-2607

CR2E034 (9/96)