

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 08 JUN -5 PM 3:15
 DIVISION OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000067954 (3)
 1. Corporation Name
ROSCILLO CONCRETE & MASONRY INC.



Principal Place of Business 35140 RICHARDSON BLVD WEBSTER FL 33597	Mailing Address 35140 RICHARDSON BLVD WEBSTER FL 33597
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 24076 Ragan DR	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BROOKSVILLE FL	28 BROOKSVILLE FL
24 34601	25 Hernando
29 34601	30 Hernando

3. Date Incorporated or Qualified 08/15/1996
4. FEI Number 59-3398588
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**ROSCILLO, BEN PAUL
 35140 RICHARDSON BLVD
 WEBSTER FL 33597**

10. Name and Address of New Registered Agent

81 Name Ben Paul Roscillo
82 Street Address (P.O. Box Number is Not Acceptable) 24076 Ragan DR.
83 City BROOKSVILLE FL
85 Zip Code 34601

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> DELETE
NAME	ROSCILLO, PAUL BEN	1.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	35140 RICHARDSON BLVD	1.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	WEBSTER FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	O	2.1 TITLE	<input type="checkbox"/> DELETE
NAME	ROSCILLO, BEN	2.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	35140 RICARDSON BLVD	2.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	WESTON FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	O	3.1 TITLE	<input type="checkbox"/> DELETE
NAME	ROSCILLO, BEN PAUL	3.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	35140 RICHARDON BLVD	3.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	WESTON FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE		4.1 TITLE	<input type="checkbox"/> DELETE
NAME		4.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE		5.1 TITLE	<input type="checkbox"/> DELETE
NAME		5.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE		6.1 TITLE	<input type="checkbox"/> DELETE
NAME		6.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE

ADDRESS OF CO. Change Addition
**24076 Ragan DR.
 BROOKSVILLE FL 34601**

100002557761--9
-06/12/98--01012--009
******150.00 ****150.00**

7/15/98
6/10/98

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 _____ DATE **5-1-98**

CR2E034 (10/97)