


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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90102 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067954

1. Corporation Name
ROSCILLO CONCRETE & MASONRY INC.



Principal Place of Business 24076 RAGAN DR BROOKSVILLE FL 34601	Mailing Address 24076 RAGAN DR BROOKSVILLE FL 34601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 24076 Ragan DR. Suite, Apt. #, etc. 22	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27
City & State 23 Brooksville FL	City & State 28
Zip Country 24 34601 25 HERNANDO	Zip Country 29 30

3. Date Incorporated or Qualified 08/15/1996	
4. FEI Number 59-3399588	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSCILLO, BEN PAUL
 24076 RAGAN DR
 BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name Ben P Rosillo	
82 Street Address (P.O. Box Number is Not Acceptable) 24076 Ragan DR.	
83	
84 City Brooksville	85 Zip Code FL 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 *Ben P Rosillo* DATE **4-9-99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ROSCILLO, PAUL BEN
STREET ADDRESS	24076 RAGAN DR
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	O <input type="checkbox"/> DELETE
NAME	ROSCILLO, BEN
STREET ADDRESS	35140 RICARDSON BLVD
CITY-ST-ZIP	WESTON FL
TITLE	O <input type="checkbox"/> DELETE
NAME	ROSCILLO, BEN PAUL
STREET ADDRESS	35140 RICHARDON BLVD
CITY-ST-ZIP	WESTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Ben P Rosillo* DATE **4-9-99** DAYTIME PHONE # **1-800-797-7450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)