

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

FILED
May 07 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 # P96000091629 (1)
1. Corporation Name
TREASURE COAST CURBING & THERMOPLASTICS, INC.



Principal Place of Business
6309 S.E. LAKE CIRLCE DRIVE
STUART FL 34997

Mailing Address
6309 S.E. LAKE CIRLCE DRIVE
STUART FL 34997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5953 S.W. Ranchito	26 5953 S.W. Ranchito
22 PALM CITY FL	27 PALM CITY FL
23	28
24 34990	29 34990
25	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
11/07/1996	65-0706184	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. 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	10. Name and Address of New Registered Agent
PETERS, MARY 6309 S.E. LAKE CIRLCE DRIVE STUART FL 34997	81 Name MARY PETERS 82 Street Address (P.O. Box Number is Not Acceptable) 5953 S.W. Ranchito St 83 84 City PALM CITY FL 85 Zip Code 34990

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 Mary Peters DATE 4-27-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PETERS, MARY	1.1 TITLE	PD MARY PETERS
NAME	6309 S.E. LAKE CIRLCE DRIVE	1.2 NAME	5953 S.W. Ranchito St
STREET ADDRESS	STUART FL 34997	1.3 STREET ADDRESS	PALM CITY FL 34990
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD BAILEY, ERIC	2.1 TITLE	TD ERIC BAILEY
NAME	6309 S.E. LAKE CIRLCE DRIVE	2.2 NAME	5953 S.W. Ranchito St
STREET ADDRESS	STUART FL 34997	2.3 STREET ADDRESS	PALM CITY FL 34990
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD QUIRION, TONYA	3.1 TITLE	
NAME	2085 SW LIBRA LANE	3.2 NAME	
STREET ADDRESS	PORT ST LUCIE FL 34984	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD QUIRION, OVID	4.1 TITLE	
NAME	2085 SW LIBRA LANE	4.2 NAME	
STREET ADDRESS	PORT ST LUCIE FL 34984	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: Mary B. Peters MARY PETERS 4-27-98 561-287-0391

CR2E034 (10/97)