## FILE NOW: FILING FEE AFTER MAY 1ST IS

**PROFIT CORPORATION** ANNUAL REPORT

1998

PLONDA CONTRACTING GROUP, INC.

**DOCUMENT #**1. Corporation Name



P97000006413 (3)

FLORIDA DEPART

Secretary of

DIVISION OF CORPORATIONS

## **FILED** May 15 1998 8:00am Secretary of State

Election Campaign Financing

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Principal Place of Business Mailing Address		- F I DEGLIDEN THE TENN THEN DENN BEHLF BRITH DELLE ENLY FROM HORE THAT HERE				
12501 S.W. 108 AVE. 12501 S.W. 108 AVE. MIAMI FL 33176-4609 MIAMI FL 33176-4609		DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualified 01/22/1997				
2. Principal Place of Business  1. DABE ISRUMMO	2a. Mailing Address	4. FEI Number 0722129   Apr	plied For Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Rec	dditional			
City & State	City & State	6. Election Campaign Financing \$5.00 (	May Re			

28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CASTON, KENNETH B 12501 S.W. 108 AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176-4609

11. Pursuant to the provisions of Sections 607.0502 and 607.1598, 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.

SIGNATURE	1111/					
	Signature typed or printed name of ingisteral agent and title if applicable	(NOTE Re	gistered Agent signature r	· · · · · · · · · · · · · · · · · · ·		
12,	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD D	DELETE	1.1 TITLE		Change	Addition
NAME	CASTON, KENNETH B		1.2 NAME			ĺ
STREET ADDRESS	12501 S.W. 108 AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176-4609		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Change	Addition
NAME			2.2 NAME			
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CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP			
TITLE		ELETE	3.1 TITLE		Change	Addition
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STREET ADDRESS			4.3 STREET ADDRESS			
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NAME	. / /		6.2 NAME			
STREET ADDRESS	1 / /	<b>\</b>	6.3 STREET ADDRESS			
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption nated 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 ny 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 of an attachment with arreadness.

SIGNATURE:

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