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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030234 (3)

HYBRID SOURCES CONSTRUCTION, INC.

Principal Place of Business Malling Address

2950 43RD AVENUE

VERO BEACH FL 32960 VERO BEACH FL 32960

Country

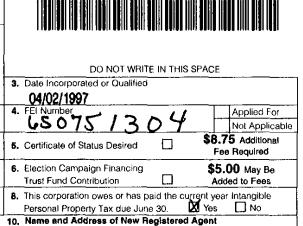
9. Name and Address of Current Registered Agent

25

CALDWELL, WILLIAM W 756 BEACHLAND BLVD.

VERO BEACH FL 32963

## FILED Jan 30 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title it applicable	(NO1) Rogistered Agent signature	e required whee reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELET		Change Addition
NAME	VOGEL, RICHARD	1.2 NAME	
STREET ADDRESS	1960 OCEAN RIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY - ST - ZIP	
TITLE	DELET DELET	E 2.1 TITLE	☐ Change ☐ Addition
NAME	vogel, arlene n	2 2 NAME	
STREET ADDRESS	1960 OCEAN RIDGE DRIVE	2 3 STREET ADDRESS	4
CITY-ST-ZIP	VERO BEACH FL 32963	2 4 CITY+ST-ZIP	
TITLE	☐ DELET	E 31 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELET	E 4.1 TITLE	☐ Change ☐ Addilion
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETI	E 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETI	E 6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
14. Thereby 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 roceiver 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 atjachment with an address.			

MARCI

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