SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047450 (6)

C E CONSTRUCTION AND REAL ESTATE DEVELOPMENT INC

FILED
Jul 16 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					
7208 PINE HOLLOW OR 7208 PINE HOLLOW DR					
MT DORA FL 32757		MT DORA FL 32757			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/29/1997
2. Principal F	Place of Business	2a. Mailino Address	2a. Mailing Address		4. FEI Number Applied For
	ROBIE AVE.	26 P.O. BOX 1196			59-3454-291   Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & Sta	le	City & State			6. Election Campaign Financing \$5.00 May Be
23 MT. DORA FL		28 Mt. DORA, FZ			Trust Fund Contribution Added to Fees
Zip 32756	7 Country USA	37756-1196	Count	<b>4 A</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 00100	9, Name and Address of Currer	129 JACISTON 11 17	[30] [	ν <u>η</u>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
EVA	NGEUSTA, CAESAR	it tredistaten whent	8	1 Name	10. Name and Address of New Neglisteted Agent
7208 PINE HOLLOW DR					
	DORA FL 32757		8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)
1911	טטווק ו ב שניטו		8	3	
			8	4 City	■ 85 Zip Code
					FL 63 Lip code
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	Signature, typed or printed name of registered age:	nt and title if applicable. (No	OTE Registered	Agent signature reg	quired when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	DELETE 1.1 TITLE		Change Addition
NAME	EVANGELISTA, CAESAR	1.21			
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA FL 32757	1.4 CI		ST-ZIP	,
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	:	
STREET ADDRESS	23 \$1		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	240		2.4 CITY-	ST-ZIP	
TITLE	DELETE 3.1 Trī		3.1 TITLE		Change Addition
NAME	3.2 %		3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	<u> </u>		3.4 CITY-	ST-ZIP	
TITLE	DELETE 4.1TI		4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-	ST-ZIP	
TITLE		_ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE	DELETE 6.1717		6.1 TITLE		Change Addition
NAME	6.2 NA		6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-		
	artifut that the information aumplied with				rtion 110 07/3/(i) Florida Statutos   further certify that the Information

4.1 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 each; 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 in a validation of the receiver of the corporation.

CICNATURE.

OKERA HALVERILLA

352-735-1144

R2E034 (5/98)