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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000054459 (7)

ALLEN CONSTRUCTION, INC.

Pri	ncipal Pla	908	of Bus iness
795	CREIGHT	ON	STREET
MEL	BOURNE	۴L	32935-6697

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE

21

Mailing Address

795 CREIGHTON STREET MELBOURNE FL 32935-6697

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Aug 03 1998 8:00am Secretary of State



Applied For

\$8.75 Additional Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

City & State				City & State						6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution				
Zip	_	(Country	1	Zip			Country		[B. This corporation owes or has paid the current year Intangible	
24	25 29 30				30	r	Personal Property Tax due June 30. Yes No					
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
AMERILAWYER CHARTERED							81	Name				
	almeria a							82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134												
							83					
							84	City 85 Zip Code				
								<u> </u>	<u>.</u>		FL III 24 000	
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 agent and title if applicable (NOTE: Register									require	ad when reinstating) DATE ADDITION (CLAMATOR OF TO OFFICE DO AND DIDEOTORS IN 42)	
12.	PSTD		OFFICERS	AND L	JIRECTOR		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		NTU	ONEEL O			DELETE					L Change	
NAME	ALLEN, ANTHONEEL C 1.21 795 CREIGHTON STREET 1.33							1000000				
STREET ADDRESS	MET BOLIDAIT EL ACORT AGOS					4		ADDRESS				
CITY-ST-ZIP	MELDOUR	IIIC	rt 32833-0081	,			1.4 CF 2.1 TF		ZIP			
NAME	, i					DELETE	2.1 III	-	1		Change Addition	
									ADDDEAD			
STREET ADDRESS									ADDRESS			
CITY-ST-ZIP TITLE						DELETE	2.4 CIT		-2112			
NAME	_					DELETE	3.2 NA				L Change L Addition	
STREET ADDRESS								_	ADDRESS			
CITY-ST-ZIP							3.4 CI					
TITLE				·	· <u>-</u>	DELETE	4.1 717	-			Change Addition	
NAME							4.2 NA	ME			Shango Facility	
STREET ADORESS							4.3 ST	REET	ADDRESS			
CITY-ST-ZIP							4.4 CT		-			
TITLE						DELETE	5.1 TIT				30000250535 Cbange Addition -08/04/9801003038	
NAME							5.2 NA	ME			-08/04/9801003 03 8	
STREET ADDRESS							5.3 ST	REET	ADDRESS		***550.00	
CITY-ST-ZIP							5.4 CC	ry-st-	ZIP		<u> </u>	
TITLE			$\overline{}$			DELETE	6.1 TIT	LE			Change Addition	
NAME			//			_	6.2 NA	ME			$\overline{\mathscr{U}}_{\alpha}$	
STREET ADDRESS			//				6.3 ST	REET	ADDRESS) dit	
CITY-ST-ZIP							6.4 Cł					
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 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 is changed, or on an attachment with an address.												