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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058937

1. Corporation Name

NEW EDITION CONTRACTING & REMODELING, INC.



Principal Place of Business 36 N. TRIPLETT LAKE DR. CASSELBERRY FL 32707	Mailing Address 36 N. TRIPLETT LAKE DR. CASSELBERRY FL 32707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 717 GLADWIN AVE Suite, Apt. #, etc.		2a. Mailing Address 26 717 GLADWIN AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/03/1997	
22 City & State 23 FERN PARK FL Zip Country 24 32730 25 USA		27 City & State 28 FERN PARK FL Zip Country 29 32730 30 USA		4. FEI Number 59-3457358 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUALLS, RICKY D
36 N. TRIPLETT LAKE DR.
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FERN PARK FL 85 Zip Code 32730

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	QUALLS, RICKY D	1.2 NAME	QUALLS, RICKY D
STREET ADDRESS	36 N TRIPLETT LAKE DR	1.3 STREET ADDRESS	717 GLADWIN AVE
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	VSD	2.1 TITLE	VSD
NAME	MEYER, CHRISTOPHER	2.2 NAME	MEYER, CHRISTOPHER
STREET ADDRESS	101 N TRIPLETT LAKE DR	2.3 STREET ADDRESS	717 GLADWIN AVE
CITY-ST-ZIP	CASSELBERRY FL 32707	2.4 CITY-ST-ZIP	FERN PARK FL 32730
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)