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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1998 8:00am
Secretary of State

1998 DOCUMENT # P97000061702 (1) PRIMO CONSTRUCTION II. INC. Principal Place of Business Mailing Address 1061 QUAIL HOLLOW DRIVE 1061 OUAIL HOLLOW DRIVE MARY ESTHER FL 32589 MARY ESTHER FL 32569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes 25 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOURYJAN, MOHAMMAD R Name **1061 QUAIL HOLLOW DRIVE** Street Address (P.O. Box Number is Not Acceptable) MARY ESTHER FL 32569 83 84 City 85 Zip 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 a purpose of changing its reg MOHOMA FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE Change HOURYJAN, MOHAMMAD R 1.2 NAME NAME CR2E034 1061 QUAIL HOLLOW DRIVE 1.3 STREET ADDRESS STREET ADDRESS MARY ESTHER FL 32589 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ■ Addition TITLE COLLINS, JOHN T 2.2 NAME 812 HILLTOP ROAD STREET ADDRESS 2.3 STREET ADDRESS MARY ESTHER FL 32569 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of 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 or changed, or on an attachment with an address.

SIGNATURE: 15 1 ASSO SEI-15