


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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90054 016 \*\*\*150.00

UNCLAS

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000071999**

1. Corporation Name  
**LEWIS-BARNES CONSTRUCTION, CORP.**

Principal Place of Business 100 ANCHOR DRIVE #18 KARY LARGO FL 33037	Mailing Address <del>100 ANCHOR DRIVE #18</del> <del>KARY LARGO FL 33037</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>8925 SW 148 ST</b>		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>#218</b>		
City & State 23	City & State 28 <b>MIAMI FL</b>		
Zip 24	Country 25	Zip 29 <b>33176</b>	Country 30 <b>DADE</b>

3. Date Incorporated or Qualified <b>08/20/1997</b>	
4. FEI Number <b>65-0775550</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> 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

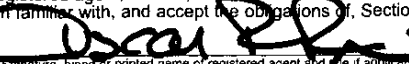
9. Name and Address of Current Registered Agent

~~HENDERSON, THOMAS N III~~  
~~101 E KENNEDY BLVD SUITE 3700~~  
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name	<b>SKRLD INC</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>201 ALHAMBRA Circle</b>
83	<b>Suite 1102</b>
84	<b>CORAL Gables FL</b>
85 Zip Code	<b>33134</b>

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:  **VICE PRESIDENT** DATE: **2/10/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, THOMAS E</b>	
STREET ADDRESS	<del>100 ANCHOR DRIVE, #18</del>	
CITY-ST-ZIP	<del>KEY LARGO FL 33037</del>	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	<b>BARNES, JOEL D</b>	
STREET ADDRESS	<del>100 ANCHOR DRIVE, #18</del>	
CITY-ST-ZIP	<del>KEY LARGO FL 33037</del>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>KLISIEWECZ, FRANCES</b>	
STREET ADDRESS	<del>100 ANCHOR DRIVE, #18</del>	
CITY-ST-ZIP	<del>KEY LARGO FL 33037</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8925 SW 148 ST #218</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8925 SW 148 ST #218</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>8925 SW 148 ST #218</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  **1-12-99** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)