FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 10 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000098396 (9) **DOCUMENT #** SENATORE'S ARCHITECTURAL PRECAST CONCRETE, INC. Principal Place of Business Mailing Address 300 SW 127H AVE., STE. 10 300 SW 42TH AVE., STE. 10 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE CHANGED CHANGER 3. Date Incorporated or Qualified 11/17/1997 Principal Place of Business Applied For 26 Not Applicable Súite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SENATORE, DONALD P 200-0W-12TH_AVE., STE-40- Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 9151 N.W. 24 Zip Code .1508, Florida statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the appointment as registered for 0505, Clorida Statutes. 11. Pursuant to the provisions of Section SIGNATURE gistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 TITLE Addition SENATORE, DONALD P NAME 2 NAME 000 GW 12TH AVE., 0TE/ 10 STREET ADDRESS 3 STREET ADDRESS Bamr as CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME

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 or an attachment that a state of 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 13 if changed, or or an attachment that it is a state of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the rec

4.3 STREET ADDRESS

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5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

21

22

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■ DELETE

DELETE

Addition

■ Addition

Change

Change