


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90069 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000045986 1. Corporation Name CUSTOM CONCRETE CONSTRUCTION, INC.					
Principal Place of Business 16880 GATOR ROAD SUITE 271 FORT MYERS FL 33912			Mailing Address 16880 GATOR ROAD SUITE 271 FORT MYERS FL 33912		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 05/19/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 65-0837598	
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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

TITLE	President	<input type="checkbox"/> DELETE
NAME	CRAIG A Streetzel	
STREET ADDRESS	5400-3 division dr.	
CITY-ST-ZIP	Ft Myers FL 33905	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	CRAIG Streetzel	
STREET ADDRESS	18811 old Bayshore Rd	
CITY-ST-ZIP	11-7+ Myers FL 33917	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	CRAIG A Streetzel	
STREET ADDRESS	18811 old Bayshore Rd	
CITY-ST-ZIP	11-7+ Myers FL 33917	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	CRAIG A Streetzel	
STREET ADDRESS	18811 old Bayshore Rd	
CITY-ST-ZIP	11-7+ Myers FL 33917	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 supplementary 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:

CRAIG A. Streetzel Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99
 Date

941 694 3335
 Daytime Phone

CR2E034 (11/98)