SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SUITE 135

1199 EAST HILLSBORO MILE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000059449

EMSCO/DECOCRETE OF SOUTH FLORIDA, INC.

Mailing Address

POST OFFICE BOX 1345 **BOCA RATON FL 33429**

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90006 008 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Principal Place of Business 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 5. Principal Place of Business 5	HILLSBORO BEACH FL 33062						DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. Mailing Address 2. Sutio, Apl. #, etc.						3. Date Incorporated or Qualified		
Sulfa, Apt. 8, etc.								
Sulfo, Apt. #, etc	2. Principal Place of Business 2a. Mailing Ad			Address				
Suite, Apt. #, etc.	21 26							
22 27 28 28 29 29 29 29 30 7 17 18 20 18 18 20 20 20 20 20 20 20 2						E Certificate of Status Desired		
City & State Country 28 Country 27 Country 27 Country 27 Country 27 Country 28 Trust Fund Country Number of Current Registered Agent 19 Name and Address of Current Registered Agent 19 Name and Address of Current Registered Agent 19 Name and Address of New Registered Agent 19	27					3. Certificate of States Seared	Fee Required	
20 20 20 20 20 20 20 20						6. Election Campaign Financing	\$5.00 May Be	
Zip Country Zip Country Zip Country B. This corporation owes the current year Intangible Preserval Property Yes No	23	28				Trust Fund Contribution	Added to Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent AMERILAWYER 3/34 ALKERIA AVENUE CORAL GABLES FL 33134 22. Street Address (P.O. Box Number is Not Acceptable) 33.		Country	Zip	Zip Country				
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the statement of the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD OFFICERS AND DIRECTORS 11. TITLE OFFICERS AND DIRECTORS IN 12. LITTLE SYD Addition NAME CULLIN, THOMAS 1199 EAST, HILLSBORO MILE 13 SIRRET ADDRESS 1199 EAST, HILLSBORO MILE 22 YMAME 23 SIRRET ADDRESS 14 City LITTLE OFFICERS AND DIRECTORS IN 12. LITTLE OFFICERS AND D	24	25	29	30		Intangible Personal Property.	Yes No	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 44 City FL 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 agant. I am familiar with, and accept the obligations of, section 607,0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agant. I am familiar with, and accept the obligations of, section 607,0505. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD D D DELETE 1.1 TITLE 1.2 TITLE 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1.4 TITLE 1.5 SVD D DELETE 2.1 TITLE SVD D DELETE 2.1 TITLE SVD D DELETE 3.1 TITLE 3.2 TAMBE 3.3 STREET ADDRESS 1.1 TITLE 3.3 STREET ADDRESS 1.1 TITLE 3.3 STREET ADDRESS 1.1 TITLE 3.3 TITLE 4.4 CITYST ZIP Change Addition ADDRESS A						10. Name and Address of New Registered Ag	ent	
343 ALMERIA AVENUE CORAL GABLES FL 33134 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoinment as registered diffect 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 appoinment as registered diffect 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 appoinment as registered difference of registered agent, or board of directors. I hereby accept the appoinment as registered difference of the purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered agent. It is a purpose of change is registered age								
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CORAL GABLES FL 33134 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hareby accept the algorithment as registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hareby accept the algorithment as registered agent in the familia with, and accept the obligations of, section 607.0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITIE PTD TOSCANO, FRANK A 1199 EAST HILLSBORO MILE 1.3 STREET ADDRESS TITLE SVD COLLLIN, THOMAS 1199 EAST HILLSBORO MILE 1.4 CITY-ST2P TITLE SVD COLLLIN, THOMAS 1199 EAST HILLSBORO BEACH FL 33062 14. CITY-ST2P TITLE SVD COLLLIN, THOMAS 1199 EAST HILLSBORO MILE 1.3 STREET ADDRESS 1199 EAST HILLSBORO MILE 1.3 STREET ADDRESS 1199 EAST HILLSBORO MILE 1.3 STREET ADDRESS 1199 EAST HILLSBORO BEACH FL 33062 2.4 CITY-ST2P TITLE DELETE 3.3 STREET ADDRESS 1111					821 Street Address (P.O. Box Number is Not Acceptable)			
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12.	SIGNATURE							
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		etify that the information a unalical with	this filling does not qualify for the			n section 119 07(3)(i) Florida Statutes I further certify that	t 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.

SIGNATURE:

597171-90006-8 P98000059449

Emco/Decocrete of South Florida 8971 NW 33 St Coral Springs, FL 33062

Florida Department of State Anneal Report Filling PO BOX 6327 Tallahassee, FL 32399-0100

July 14, 1999

To Whom It May Concern:

The address on the Annual Report is incorrect; consequently we did not receive the first notice. Our new address is 8971 NW 33 ST. Coral Springs, FL 33065. We apologies for any inconvenience we have caused.

Thank you,

Tom Collin

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