PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082295 1. Corporation Name

PRIMORIS, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 025 ***150.00



22 27 5. Certificate of Status Desired Four City & State Trust Fund Contribution Acceptable Acce	Applied For Not Applicabl 75 Additional Required .00 May Be ded to Fees
SUITE 301 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/23/1998 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State 28 City & State City & State 29 20 21 22 Country 24 25 29 30 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/23/1998 4. FEI Number 6. Certifcate of Status Desired FC FC FC FC Country Country FC FC Country FC FC Country FC	Applied For Not Applicabl 75 Additional Required .00 May Be ded to Fees
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Suite, Apt. #, etc. 22 City & State City & State Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name	75 Additional se Required .00 May Be ded to Fees
22 27 5. Certificate of Status Desired Four City & State Trust Fund Contribution Acceptable Acce	.00 May Be ded to Fees
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81 Name	
AMERILAWYER 242 ALMEDIA AVENHE 82 Street Address (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE	
CORAL GABLES FL 33134	
84 City 85	Zip Code
FL S	zip Coda
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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	g its registered is registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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STREET ADDRESS 250 LAYNE BOULEVARD 1.3 STREET ADDRESS	
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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 trastee 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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: