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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000103484

1. Corporation Name

S & O WATERPROOFING & CONCRETE RESTORATION, INC.

Principal Place of Business

Mailing Address

610 S. DIXIE HWY.
HALLANDALE FL 33009
610 S. DIXIE HWY.
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0887263	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

FEDER, LAWRENCE H
2450 HOLLYWOOD BLVD., STE. 401
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81	Name	ELY KRASNER
82	Street Address (P.O. Box Number Is Not Acceptable)	610 S. DIXIE Highway
83	City	Hallandale
84	State	FL
85	Zip Code	33009

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

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 IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEDER, LAWRENCE H	1.2 NAME	ELY KRASNER
STREET ADDRESS	2450 HOLLYWOOD BLVD., STE. 401	1.3 STREET ADDRESS	21001 NE 24th Ct
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	N. Miami Beach FL 33180
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Genny Krasner
STREET ADDRESS		2.3 STREET ADDRESS	21221 NE 24th Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. Miami Beach FL 33180
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jehoshel Spiegel
STREET ADDRESS		4.3 STREET ADDRESS	525 Okandeg Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hallandale FL 33029
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Amos Edelboim
STREET ADDRESS		5.3 STREET ADDRESS	4095 N. 49th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami FL 33121
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Seth Sklarney
STREET ADDRESS		6.3 STREET ADDRESS	P.O. Box 332172
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables FL 33233

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELY KRASNER **2/16/99** **(954) 458-7277**

CR2E034 (11/98)