

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90662 047 \*\*\*150.00

**94081004**

04302004 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                  |                                                                              |                                                                                   |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P99000038298</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                  |                                                                              |  |                                   |
| 1. Entity Name<br><b>YORK CONSTRUCTION COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                  |                                                                              |                                                                                   |                                   |
| Principal Place of Business<br><b>1624 NE 12TH TERRACE<br/>FORT LAUDERDALE, FL 33305</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                  | Mailing Address<br><b>1624 NE 12TH TERRACE<br/>FORT LAUDERDALE, FL 33305</b> |                                                                                   |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 3. Mailing Address                                                               |                                                                              |                                                                                   |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Suite, Apt. #, etc.                                                              |                                                                              |                                                                                   |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | City & State                                                                     |                                                                              |                                                                                   |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                   | Zip                                                                              | Country                                                                      | 4. FEI Number<br><b>65-0916630</b>                                                |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                  |                                                                              | Applied For<br>Not Applicable                                                     |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                  |                                                                              | 8.75 Additional Fee Required                                                      |                                   |
| 6. Name and Address of Current Registered Agent<br><b>BENIK, JOHN<br/>1301 NE 7TH AVE.<br/>FT. LAUDERDALE, FL 33304</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                  | 7. Name and Address of New Registered Agent                                  |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                  | Name                                                                         |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                  | Street Address (P.O. Box Number is Not Acceptable)                           |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                  | City                                                                         |                                                                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                  | FL Zip Code                                                                  |                                                                                   |                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                  |                                                                              |                                                                                   |                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                  |                                                                              |                                                                                   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                              | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DP                        | <input type="checkbox"/> Delete                                                  | TITLE                                                                        | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EGAN, FRANK               |                                                                                  | NAME                                                                         |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2108 NW 2ND AVE           |                                                                                  | STREET ADDRESS                                                               |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILTON MANORS, FL 33311   |                                                                                  | CITY-ST-ZIP                                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DT                        | <input type="checkbox"/> Delete                                                  | TITLE                                                                        | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BENIK, JOHN               |                                                                                  | NAME                                                                         |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 901 N BIRCH RD, #86       |                                                                                  | STREET ADDRESS                                                               |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FORT LAUDERDALE, FL 33304 |                                                                                  | CITY-ST-ZIP                                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Delete                                                  | TITLE                                                                        | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                  | NAME                                                                         |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                  | STREET ADDRESS                                                               |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                  | CITY-ST-ZIP                                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Delete                                                  | TITLE                                                                        | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                  | NAME                                                                         |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                  | STREET ADDRESS                                                               |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                  | CITY-ST-ZIP                                                                  |                                                                                   |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | <input type="checkbox"/> Delete                                                  | TITLE                                                                        | <input type="checkbox"/> Change                                                   | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                  | NAME                                                                         |                                                                                   |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                  | STREET ADDRESS                                                               |                                                                                   |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                  | CITY-ST-ZIP                                                                  |                                                                                   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                           |                                                                                  |                                                                              |                                                                                   |                                   |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                  |                                                                              |                                                                                   |                                   |
| Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                  |                                                                              |                                                                                   |                                   |