SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 98 JAN 16 AM 8: 41 DOCUMENT # (2)S61798 **BEDROCK CONSTRUCTION COMPANY** Principal Place of Business Mailing Address THE LAW CENTER, SUITE ONE THE LAW CENTER, SUITE ONE 370 MINORCA AVENUE **370 MINORCA AVENUE CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1991 05/01/1995 Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0273584 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZICHATED -THOMSON, JOHN M. THE LAW CENTER SUITE ONE Street Address (P.O. Box Number is Not Acceptable) 82 ST 370 MINOBSA AVENUE 83 CORAL GABLES FL-83134 Zip Code 84 City (A) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Sayutes, 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 Shange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of Section 607.0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of regis (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 Tale TITLE NAME THOMSON, JOHN M. 1.2 NAME 370 MINORCA NE #1 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 Till E PST NAME **GAY. RICHARD ALLEN** 2.2 NAME 500002407795---5 -01/21/98--01138--005 STREET ADDRESS 1121 NE 202 ST 23 STREET ADDRESS MIAMI FL CITY-2.4 CITY - ST - ZIP ***1050.00 ****1050.00 DELFTF 3.1 TITLE TATLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 HTLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CiTY - ST - ZIP CITY-ST-ZIP blind with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 19.97(3)(k). Florida Statutes I on this annual report is supplemental annual report is true and accurate and that my signature shall have the same logal effect as if actor of the conversitority the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and 13 if hanged or or or a state that ment with an eddress. I do hereby certify that the information supplied with this further certify that the information indicator on this annu-

SIGNATURE:

that my name appears in Block

SIGNING OFFICER OR DIRECTOR

Daytime Phone #