

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

REINSTATEMENT
1994 + 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 16 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92832 (2)

1. Corporation Name:
COMMERCIAL CONSTRUCTION INDUSTRIES, INC.

Mailing Address: **423 SW 8 AVE - BOYNTON BEACH FL 33435**
Principal Place of Business: **423 SW 8 AVE - BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 7 Lissie LN	26 7 Lissie LN
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 OKeechobee FL	28 OKeechobee, FL
24 34974	25 GLADES
29 34974	30 GLADES

3. Date Incorporated or Qualified 11/08/1991	3a. Date of Last Report 07/13/1993
4. FEI Number 65-0323550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMRHEIN, ANTHONY 423 SW 8 AVE - BOYNTON BEACH FL 33435				Anthony Amrhein 7 Lissie Lane Okeechobee, FL 34974			
81 Name	Anthony Amrhein			81 Name	Anthony Amrhein		
82 Street Address (P.O. Box Number is Not Acceptable)	7 Lissie Lane			82 Street Address (P.O. Box Number is Not Acceptable)	7 Lissie Lane		
83				83			
84 City	Okeechobee	85 State	FL	84 City	Okeechobee	85 State	FL
86 Zip Code	34974	86 Zip Code	34974	86 Zip Code	34974	86 Zip Code	34974

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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, am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: *Anthony Amrhein* (NOT Registered Agent signature required when reinsaling) DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	AMRHEIN, ANTHONY
1.3 STREET ADDRESS	423 SW 8 AVE
1.4 CITY - ST - ZIP	BOYNTON BEACH FL 33460
2.1 TITLE	R
2.2 NAME	AUGSBACK JACK
2.3 STREET ADDRESS	423 SW 8TH AVE
2.4 CITY - ST - ZIP	BOYNTON BEACH FL 33460
3.1 TITLE	D
3.2 NAME	Anthony Amrhein
3.3 STREET ADDRESS	7 Lissie Lane
3.4 CITY - ST - ZIP	Okeechobee, FL 34974
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	REINSTATEMENT 94-98
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	000002461380-- 4
1.4 CITY - ST - ZIP	-03/19/98 --01003--003
2.1 TITLE	
2.2 NAME	Delete
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	***1350.00 ***1350.00
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	V.P.
4.2 NAME	Tim Augsburg
4.3 STREET ADDRESS	425 N. L. St
4.4 CITY - ST - ZIP	Lake Worth, FL 33460
5.1 TITLE	Treasurer
5.2 NAME	Herman Brunson
5.3 STREET ADDRESS	300 S.O. St.
5.4 CITY - ST - ZIP	Lake Worth, FL 33460
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Amrhein* DATE: **9/7/94** TELEPHONE: **407-735-4568**