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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90242 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S92832**
 1. Corporation Name
COMMERCIAL CONSTRUCTION INDUSTRIES, INC.



Principal Place of Business Mailing Address
 7 LISSIE LN 7 LISSIE LN
 OKEECHOBEE FL 34974 OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1 Suite, Apt. #, etc.
 2 City & State
 3 Zip Country
 4 25

2a. Mailing Address
 26 PO Box 1452
 27 Suite, Apt. #, etc.
 28 Lake Worth, FL
 29 Zip Country
 30 33460 USA

3. Date Incorporated or Qualified
 11/08/1991

4. FEI Number Applied For
 65-0323550 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
AMRHEIN, ANTHONY
 7 LISSIE LN
 OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMRHEIN, ANTHONY	
STREET ADDRESS	7 LISSIE LN	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AUGSHALY, TIM	
STREET ADDRESS	425 N L ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRUNSON, HERMAN	
STREET ADDRESS	320 S O ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Augsback, TIM
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 all addresses, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4/15/99 361 5330086
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)