FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

LAKE WORTH FL 33466

PO BOX 6199

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09659

Principal Place of Business

GREENACRES FL 33415

2176 JOG RD

CONSTRUCTION CONSULTANTS OF PALM BEACH, INC.

US						3. Date Incorporated or Qualified 01/28/1992	ACE		
 		A Barrier Address				4. FEI Number	And	olied For	
2. Principal Pla	ace of Business	2a. Mailing Address	c.11.	20		1			
1 26 P.O. BOX 54			7 7 7 3	<i>3</i>		65-0311101		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			-	5. Certificate of Status Desired					
City & State City & State 28 LAKE WOLTH				, FL.		6. Election Campaign Financing S5.00 May Be Added to Fees			
Zip	Country Zip Coú 25 29 3 45 4 30				try U ∫ A 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No		□No		
24 25 29 30 70 70 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent 10. Name 81 Name									
RAUCH, HARRY									
2176 JOG RD				82 Street Address (P.O. Box Number is Not Acceptable)					
#F00									
#522				83				J	
GREENACRES FL 33415				84 City			35 Zip C	Code	
				City		`FL `			
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, toped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
	Signature, typed or printed name of registered agent a			Agent signature	edined A	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	DS IN 12	
12.	OFFICERS AND		13.				Change	Addition	
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NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
14 I hereby c	ertify that the information supplied with	this filing does not qualify for t	he exe	mption state	d in Se	ection 119.07(3)(i), Florida Statutes. I further certify	that the it	nformation	
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.									

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90110 036 ***150.00