

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000097528

1. Corporation Name

NIEPORTE CONSTRUCTION, INC.

99 MAY 14 AM 9:58

TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1983 NORTH 1120 WEST SAME
PROVO, UT 84604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified Nov. 16 1998	4. FEI Number 87-0622090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	26. Mailing Address
21. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**JON NIEPORTE
2237 DOE CROSSING CT.
ORLANDO, FL 32837**

10. Name and Address of New Registered Agent

81. Name JON NIEPORTE
82. Street Address (P.O. Box Number is Not Acceptable) 14304 FREDRICKSBURG DR. #411
83. City ORLANDO
84. State FL
85. Zip Code 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5/13/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	11 TITLE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JON NIEPORTE		12 NAME JON NIEPORTE	
STREET ADDRESS 2237 DOE CROSSING CT.		13 STREET ADDRESS 14304 FREDRICKSBURG DR. #411	
CITY-ST-ZIP ORLANDO, FL 32837		14 CITY-ST-ZIP ORLANDO FL 32837	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(f), 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 an address, with all other like empowered

SIGNATURE: *[Signature]* DATE: **5/13/99** 407-466-3600

CRJEC034 (1/1998)

[Handwritten initials]