

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 212220 (8)

1. Corporation Name

CUSTOMCRAFT MARBLE & STONE CO., INC.



Principal Place of Business

4450 SEABOARD RD
ORLANDO FL 32808

Mailing Address

4450 SEABOARD RD
ORLANDO FL 32808

3. Date Incorporated or Qualified
05/16/1958

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RONALD, BAKER RUSSO, ALLEN, BAKE
4675 PONCE DE LEON BLVD., SUITE #301
CORAL GABLES FL 33146-9101

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TRAINA, GERLANDO	
STREET ADDRESS	5424 N W 94TH DORAL PLACE	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	SD	☒ DELETE
NAME	TRAINA, ANGELINA	
STREET ADDRESS	5424 N W 94TH DORAL PLACE	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	V	☐ DELETE
NAME	DI BLASI, JOSEPH	
STREET ADDRESS	14141 KENDALE LAKES BLVD	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	TD	☐ DELETE
NAME	DEMPSEY, MARIE T.	
STREET ADDRESS	1134 SHADY LN DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	DEMPSEY, DAVID	
STREET ADDRESS	1134 SHADY LN DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	SCHULTE, DANIEL	
STREET ADDRESS	520 MONTCLAIRE DRIVE	
CITY-STATE-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☒ Change ☒ Addition
4.2 NAME	SECRETARY, TREASURER, & DIRECTOR
4.3 STREET ADDRESS	Marie T. Dempsey
4.4 CITY-STATE-ZIP	1134 Shady Lane Dr., Orlando, FL
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	VicePresident & Director
5.3 STREET ADDRESS	David K. Dempsey
5.4 CITY-STATE-ZIP	1134 Shady Lane Dr. Orlando, FL 32804
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	VicePresident & Director
6.3 STREET ADDRESS	Daniel Schulte
6.4 CITY-STATE-ZIP	520 Montclair Dr. Ft. Lauderdale, FL

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 118.07(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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie Dempsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96
Date

407-290-5383
Daytime Phone #

CR2E034 (12/95)