

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

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807740 (6)
1. Corporation Name
DREHMANN PAVING AND FLOORING COMPANY



Principal Place of Business PHILADELPHIA PHILADELPHIA PENNSYLVANIA 19116 US	Mailing Address 2101 BYBERRY ROAD PHILADELPHIA PENNSYLVANIA 19116-3017
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3. Date Incorporated or Qualified 11/08/1948	3a. Date of Last Report 05/01/1996
4. FEI Number 23-0535750	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VARRA, W F	
STREET ADDRESS	12807 MEDFORD RD.	
CITY-ST-ZIP	PHILADELPHIA PA 19154	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KLINE, J., J.	
STREET ADDRESS	9 WINTHROP DR	
CITY-ST-ZIP	DARBY PA 19023	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOJCZUK, MARY F	
STREET ADDRESS	205 SO OLDS BLVD	
CITY-ST-ZIP	FAIRLESS HILLS PA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, CATHERINE E	
STREET ADDRESS	6243 TROTTER ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	EVPO	<input type="checkbox"/> DELETE
NAME	FURMAN IV, HORACE S.	
STREET ADDRESS	574 WHISPERING LAKES BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
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	
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	19030
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Delete - Retired
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	34689
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 do 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.

SIGNATURE:  **W.F. Varra, President** **4-4-97** **215-464-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)