

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

FILED

**May 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K66901 (5)

1. Corporation Name
PAVEFAC, INC.



Principal Place of Business: 11409 LAKEVIEW DRIVE, 5A, CORAL SPRINGS FL 33071, US

Mailing Address: 11409 LAKEVIEW DRIVE, 5A, CORAL SPRINGS FL 33071, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 02/20/1989

4. FEI Number: 65-0117312

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: BONHAM, GENE S., 1404 N. UNIVERSITY DR., SUITE 005, CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent (81-85): 1999 UNIVERSITY DRIVE, SUITE 212, Coral Springs, FL 33071

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WEBER	1.1 TITLE	DP WEBER Henry
NAME	WEBER, HENRY	1.2 NAME	
STREET ADDRESS	11409 LAKEVIEW DRIVE	1.3 STREET ADDRESS	11409 Lakeview Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE		2.1 TITLE	Secretary
NAME		2.2 NAME	WEBER, HENRY
STREET ADDRESS		2.3 STREET ADDRESS	11409 Lakeview Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE: _____

01/28/98

CP2E034 (10/97)