

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L82782 (8)**

1. Corporation Name  
**A G B DECORATIVE MASONRY, INC.**

Principal Place of Business <b>17 SEXTON COVE RD          KEY LARGO FL 33037</b>	Mailing Address <b>17 SEXTON COVE RD          KEY LARGO FL 33037</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/25/1990</b>		3a. Date of Last Report <b>02/20/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
29				30			
5. Certificate of Status Desired <input type="checkbox"/>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				9. Additional Fee Required <b>\$8.75</b>			
7. May Be Added to Fees <b>\$5.00</b>				10. May Be Added to Fees <b>\$5.00</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COE, DIANNE M.          10850 SW 170 TERR          MIAMI FL 33157</b>				<b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	17 SEXTON COVE RD	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP	KEY LARGO FL	21 TITLE	22 NAME
		23 STREET ADDRESS	24 CITY - ST - ZIP
		31 TITLE	32 NAME
		33 STREET ADDRESS	34 CITY - ST - ZIP
		41 TITLE	42 NAME
		43 STREET ADDRESS	44 CITY - ST - ZIP
		51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY - ST - ZIP
		61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY - ST - ZIP

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **8-1-96** **451-4657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)