

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000073359 (9)**

1. Corporation Name

**AMERICAN CONCRETE TECHNOLOGIES, INC.**



Principal Place of Business

**211 COMMODORE DRIVE  
JUPITER FL 33477**

Mailing Address

**211 COMMODORE DRIVE  
JUPITER FL 33477**

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

30

9. Name and Address of Current Registered Agent

**WHITE, JOHN II  
1645 PALM BEACH LAKES BLVD  
SUITE 1200  
WEST PALM BEACH FL 33401**

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, thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name)

Signature of Secretary of State (Print Name)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
TITLE: <b>D</b> NAME: <b>CURRY, JOHN M</b> STREET ADDRESS: <b>211 COMMODORE DRIVE</b> CITY-STATE-ZIP: <b>JUPITER FL 33477</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-STATE-ZIP:
TITLE: <b>D</b> NAME: <b>EWING, JEFFREY E</b> STREET ADDRESS: <b>500 W CUMMINGS PARK, SUITE 6050</b> CITY-STATE-ZIP: <b>WOBURN MA 01801</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-STATE-ZIP:
TITLE: <b>D</b> NAME: <b>O'RIORDAN, MARTIN</b> STREET ADDRESS: <b>500 W CUMMINGS PARK, SUITE 6050</b> CITY-STATE-ZIP: <b>WOBURN MA 01801</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-STATE-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-STATE-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-STATE-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-STATE-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)(a), 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, unchanged, or on an attached sheet with an address.

SIGNATURE:

*Jeffrey E. Ewing*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

(617) 985-4200

CRZE034 (12/95)