

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000026387 (6)

1. Corporation Name  
LVI DEMOLITION SERVICES INC.



Principal Place of Business  
470 PARK AVENUE, SOUTH, 11TH FLOOR  
NEW YORK NY 10016

Mailing Address  
470 PARK AVENUE, SOUTH, 11TH FLOOR  
NEW YORK NY 10016-6819

3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Report
4. FEI Number 13-3879343	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1930 SILVER STAR ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 ORLANDO, FL Zip 24 32804 Country 25 USA	27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 85 Zip Code FL
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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	<input type="checkbox"/> DELETE	1.1 TITLE	PID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	THOMAS J. MAJOR JR.
STREET ADDRESS		1.3 STREET ADDRESS	1930 SILVER STAR ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PAUL S. COTRONE
STREET ADDRESS		2.3 STREET ADDRESS	470 PARK AVENUE SOUTH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOSEPH M. ANNARUMA
STREET ADDRESS		3.3 STREET ADDRESS	470 PARK AVENUE SOUTH
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10016
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BURTON T. FRIED
STREET ADDRESS		4.3 STREET ADDRESS	470 PARK AVENUE SOUTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10016
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DAVID JOHNSON
STREET ADDRESS		5.3 STREET ADDRESS	1930 SILVER STAR ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [Signature] TREASURER  
Date: 1/18/97 (213) 951-3668

CR2E034 (9/96)