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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90007 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026387

1. Corporation Name

LVI DEMOLITION SERVICES INC.

Principal Place of Business

2630 W 2ND PLACE
DENVER CO 80219
US

Mailing Address

470 PARK AVENUE, SOUTH, 11TH FLOOR
NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

13-3879343

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE PD

NAME MAJOR, THOMAS J JR
STREET ADDRESS 1930 SILVER STAR RD
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME COTRONE, PAUL S
STREET ADDRESS 470 PARK AVENUE SOUTH
CITY-ST-ZIP NEW YORK NE

TITLE TS ☐ DELETE

NAME ANNAROMA, JOSEPH M
STREET ADDRESS 470 PARK AVENUE SOUTH
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME FRIED, BURTON T
STREET ADDRESS 470 PARK AVENUE SOUTH
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME DOKELL, DAVID M
STREET ADDRESS 10500 TELEPHONE RD
CITY-ST-ZIP HOUSTON TX 77075

TITLE V ☒ DELETE

NAME DOKELL, MICHAEL D
STREET ADDRESS 10500 TELEPHONE RD
CITY-ST-ZIP HOUSTON TX 77075

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

WILLIAM PRONZATO, JR.
436 CREAMERY WAY, SUITE A
EXTON PA 19341

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)