

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

CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
Secretary of State  
Division of CORPORATIONS

**APPROVED AND FILED**  
95 MAR -1 PM 4: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 168806 (8)**

1. Corporation Name  
**A-1 BLOCK CORPORATION**

Principal Place of Business Mailing Address  
**C/O ANTHONY DACATO**  
**1617 S DIVISION ST**  
**ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/25/1952** 3a. Date of Last Report **03/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0671726</b>		Applied For Not Applicable	
21 State, Apt. #, etc.	26 State, Apt. #, etc.			5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	29 Country	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DACATO, ANTHONY</b> <b>1617 S DIVISION</b> <b>ORLANDO FL 32805</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL	B5	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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of person named in registration and the filer's name) (Date of registration agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>DACATO, ANTHONY</b> <b>1617 S DIVISION STREET</b> <b>ORLANDO FL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACATO, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>1617 S DIVISION STREET</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	STD <b>DACATO, IDA</b> <b>1617 S DIVISION STREET</b> <b>ORLANDO FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACATO, IDA</b>	2.2 NAME	
STREET ADDRESS	<b>1617 S DIVISION STREET</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	
TITLE	V <b>DACATO, ANTHONY J</b> <b>1617 SO DIVISION AVE</b> <b>ORLANDO FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACATO, ANTHONY J</b>	3.2 NAME	
STREET ADDRESS	<b>1617 SO DIVISION AVE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE	V <b>FREEMAN, JOHN</b> <b>1617 SO DIVISION AVE</b> <b>ORLANDO FL</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1617 SO DIVISION AVE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY - ST - ZIP	
TITLE		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 voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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: *John Freeman* *John Freeman* February 24, 1995 (S.O.) 422-3768  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR