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FILED  
Feb 28 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 # 168806 (8)  
1. Corporation Name  
A-1 BLOCK CORPORATION



Principal Place of Business: %ANTHONY DACATO, 1617 S DIVISION ST, ORLANDO FL 32805 US  
Mailing Address: %ANTHONY DACATO, 1617 S DIVISION ST, ORLANDO FL 32805-4725 US

3. Date Incorporated or Qualified: 04/25/1952  
3a. Date of Last Report: 03/26/1996  
4. FEI Number: 59-0671726  
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 has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country  
2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent  
DACATO, ANTHONY  
1617 S DIVISION  
ORLANDO FL 32805

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed for printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DACATO, ANTHONY	
STREET ADDRESS	1617 S DIVISION STREET	
CITY- ST- ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DACATO, IDA	
STREET ADDRESS	1617 S DIVISION STREET	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DACATO, ANTHONY J	
STREET ADDRESS	1617 SO DIVISION AVE	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, JOHN	
STREET ADDRESS	1617 SO DIVISION AVE	
CITY- ST- ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FREEMAN, ADAM S.	
STREET ADDRESS	1617 S. DIVISION AVE.	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Ida Dalato*  
DATE: 2-24-97 DAYTIME PHONE #: (407) 422-3768

CR2E034 (9/96)