

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 28 1997 8:00am
Secretary of State

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

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DACATO,ANTHONY
1617 S DIVISION
ORLANDO FL 32805

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 typewritten for printed name of registered agent and filed if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DACATO,ANTHONY
STREET ADDRESS 1617 S DIVISION STREET
CITY- ST- ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME DACATO,IDA
STREET ADDRESS 1617 S DIVISION STREET
CITY- ST- ZIP ORLANDO FL

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME DACATO, ANTHONY J
STREET ADDRESS 1617 SO DIVISION AVE
CITY- ST- ZIP ORLANDO FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME FREEMAN, JOHN
STREET ADDRESS 1617 SO DIVISION AVE
CITY- ST- ZIP ORLANDO FL

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME FREEMAN, ADAM S.
STREET ADDRESS 1617 S. DIVISION AVE.
CITY- ST- ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ida Dalato 2-24-97 (407) 422-3768

Date

Daytime Phone #

0088817

CR2E034 (9/96)