

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 287502 (9)

1. Corporation Name

CRAFTSMAN MASONRY INC



Principal Place of Business

Mailing Address

302 S FIGTREE LANE
PLANTATION FL 33317

302 S FIGTREE LANE
PLANTATION FL 33317

3. Date Incorporated or Qualified

12/04/1964

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1083282

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBATE, LORENZO J JR
302 S FIG TREE LANE
PLANTATION FL 33317

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 ☒ Lorenzo J. Abbate Jr. Pres.

1/25/96

Signature typed or printed name of registered agent; and date if applicable

Signature of Registered Agent required when reinstating

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME LORENZO, ABBATE J JR.
STREET ADDRESS 302 S. FIG TREE LANE
CITY, ST, ZIP PLANTATION FL

1.2 NAME ☐ DELETE

VP
NAME ABBATE, MARIA LUCY
STREET ADDRESS 302 S. FIG TREE LANE
CITY, ST, ZIP PLANTATION FL

1.3 NAME ☐ DELETE

ABBATE, ANTHONY J
302 S FIG TREE LANE
PLANTATION, FL 00000

1.4 NAME ☐ DELETE

ST
NAME ABBATE, JOHN P.
STREET ADDRESS 302 S. FIG TREE LN
CITY, ST, ZIP PLANTATION FL

1.5 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.6 NAME ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lucy Abbate, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

Date

Daytime Phone #

CR2E034 (12/95)