

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

FILED

Apr 25 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 # 344349 (6)

1. Corporation Name
EVERGLADES PAVING COMPANY INC

Principal Place of Business
697 S.W. 9TH TERRACE
POMPANO BEACH FL 33069

Mailing Address
697 S.W. 9TH TERRACE
POMPANO BEACH FL 33069-4519



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1969		3a. Date of Last Report 03/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1237841		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MONTALBANO, THOMAS JR 697 S W 9TH TERRACE POMPANO BEACH FL 33069				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPT	<input type="checkbox"/> DELETE		1.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTALBO, ANTHONY			1.2 NAME	MONTALBANO, ANTHONY		
STREET ADDRESS	697 S W 9TH TERRACE			1.3 STREET ADDRESS	697 S W 9TH TERRACE		
CITY - ST - ZIP	POMPANO BEACH, FL 00000			1.4 CITY - ST - ZIP	POMPANO BEACH, FL 33069		
TITLE	PS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTALBANO, THOMAS JR			2.2 NAME			
STREET ADDRESS	697 S W 9TH TERRACE			2.3 STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH, FL 00000			2.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTALBANO, PATRICIA			3.2 NAME			
STREET ADDRESS	697 SW 9TH TERR			3.3 STREET ADDRESS			
CITY - ST - ZIP	POMPANO BEACH FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: *Thomas Montalbano* 2-19-97 954-781-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)