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

DOCUMENT # 350372

(9)

Mailing Address

PRE-CAST ERECTORS INC

Principal Place of Business

FILED
Jan 22 1997 8:00am
Secretary of State

1380 NE 48 STI POMPANO BEAG US		1380 NE 48 STREET POMPANO BEACH FL 330 US	064-4903				
					 Date Incorporated or Qualified 08/05/1969 	3a. Date of L 03/06/19	
	lace of Business	2a. Mailing Address			4. FEI Number	L	Applied For
21		26			59-1393069		Not Applicable
Suite, Apt. #, etc 22		Suite Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Caunitry 25	Zip 29	Country 30		 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 		
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
CIAN	ielli, alfred a Jr.		81	Name			
	NE 48 STREET		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
POM	PANO BEACH FL 33064			1	(1.00)		
			83				
			84	City	······································	FL 85	Zip Code
44 Down would	the state of Continue CO7.	OLOG and COZ ILOG Flades Chat	dan the show	in named on	rporation submits this statement for the p		ing its sociatored
office or re	egistered agent, or both, in the St m familiar with, and accept the ob-	ate of Florida. Such change was	authorized t	y the corpora	ation's board of directors. I hereby accep	or the appointme	nt as registered
SIGNATURE	Signature types or present come of a gention		OTE: Registered Ap	gent signature req	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	SD	DELFTE	1.1 TITLE			Cha	ange Addition
NAME	CIANELLI, FRANCES A.		1.2 NAME				
STREET ADDRESS	519 LAYNE BLVD			1 ADDRESS			
CITY-SU-ZIF	HALLANDALE FL	The fire	1.4 CITY-	ST - ZIP			
TITLE	_		2.1 TITLE			☐ Ch	ange Addition
NAME	CIANELLI, ALFRED A		2.2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY - ST - ZIP	HALLANDALE FL	DELETE	2 4 CITY			I ch	ange Addition
TITLE		LL DELL'IE	31 TITLE	l l			ange D Addition
NAME express appropria			3 2 NAME				
STREET ADDRESS			•	1 ADDRESS			
CITY - ST - ZIP		DELETE	3.4. CITY 4.1 TITLE			□ Ch	ange Addition
NAME		Decem	4. 2 NAM				and the second
STREET ADORESS	Ti de la companya de			T ADDRESS			
CITY-ST-20P			4.4 CITY-				
TIFLE	* ************************************	DELETE	5.1 TITLE			Ch	ange Addition
NAME			5.2 NAME	l			
STREET ADDRESS				1 ADORESS			
CITY - S* - ZIP			5.4 CITY-				
TITLE		☐ DELETE	61 TITLE			Ch	ange Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY	_			
	by certify that the information supp	olied with this filing does not qua			ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further certify	that the
Lam an o	on indicated on this annual report (fricer or director of the corporation in Block 12 or Block 13 if changed	n or the receiver of Asistee em oo	owered o exe	curate and the	at my signature shall have the same lega of the required by Chapter 607, Florida S	it enect as it mad statutes; and that	ie under gatri; that : my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-1

1-13-97 (954) 781-4040

Daytime ≏hone #