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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	MENT # 3503 CAST ERECTORS INC	72 (9)	·		
Principal Plac	e of Business	Mailing Address		- <del> </del>	# <del> </del>
1380 NE 48 STREET POMPANO BEACH FL 33064 US  1380 NE 48 STREET POMPANO BEACH FL 3 US  1380 NE 48 STREET POMPANO BEACH FL 3 US			33064	do not write in th	IS SPACE
				3. Date Incorporated or Qualified 08/05/1969	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1393069	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State City &		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curr	29 ant Pagislared Apani	30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
······································		ont negisterou Agent	81 Name	10. Name and Address of New Yorkston	- Agom
Cianelli, alfred a jr. 1380 ne 48 street			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	OMPANO BEACH FL 33064			See (1.0. Box Nomber 18 Not Notopiable)	
			[83]		
			84 City	F	85 Zip Code
44 Pureuant	to the provisions of Sections 607 (V	502 and 607 1508 Florida Statut	es the above-named corn		<del>-</del>
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was received of Section 607,0505. EL	authorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	in idinilar with and accept the opi	iganons of, acciloit oor looos, i k	onda diaidies.	•	
SIGNATURE:	Signature, typed or printed name of registered a		t : Registered Agent signature require		
12.	T	ND DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
TITLE NAME	SD Cianelli, Frances A.		1.2 NAME		C Cuango ( Nacion
STREET ADDRESS	519 LAYNE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	CIANELLI, ALFRED A		2.2 NAME		
STREET ADDRESS	519 LAYNE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	:	_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		:=:AB MALASS	3.4 CHY-ST-ZIP	war and the second seco	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRELT ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		ب	6.3 STREFT ADDRESS		
CITY-ST-ZIP	1 certify that the information supplied	with this filing does not qualify f	6.4 CITY-ST-ZIP or time exemption stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the information
officer or	certify that the information supplied on this annual report of Jupic ferior director of the corporational of the or Block 13 if charges and or a	ntal annual report is true and acrecible tristed empowered in the land acres in the control of t	curite and that my signatur execute this report as requ	e shall have the same legal effect as if made irred by Chapter 607, Florida Statutes; and tha	under oath; that I am an at my name appears in

(PRESIDENT)

FILED Jan 20 1998 8:00am Secretary of State

CRZE034 (10/97)

1-6-98

98 (954)781-4040 x10