

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **375339** (9)

1. Corporation Name
BROTHERS MASONRY, INC.



Principal Place of Business: **17 BALFOUR ROAD PALM BEACH FL 33418**
Mailing Address: **17 BALFOUR ROAD PALM BEACH FL 33418**

3. Date Incorporated or Qualified: **01/08/1971**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-1373254**
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
2a. Mailing Address: 26
22 State, Apt. #, etc.: State, Apt. #, etc.
23 City & State: 27 City & State
24 Zip: 25 Country: 29 Zip: 30 Country

9. Name and Address of Current Registered Agent
**VASSALOTTI, PAUL M
17 BALFOUR ROAD
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent
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 607.0902 and 609.1500, 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 607.0902, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| 12-1 TITLE: PD | <input type="checkbox"/> DELETE |
| 12-2 NAME: VASSALOTTI, PAUL | |
| 12-3 STREET ADDRESS: 17 BALFOUR RD. | |
| 12-4 CITY-STATE-ZIP: PALM BCH GRDNS, FL 00000 | |
| 12-5 TITLE: VP | <input type="checkbox"/> DELETE |
| 12-6 NAME: VASSALOTTI, RANDY | |
| 12-7 STREET ADDRESS: 8186 ESTATE DR. | |
| 12-8 CITY-STATE-ZIP: W PALM BEACH FL. | |
| 12-9 TITLE: | <input type="checkbox"/> DELETE |
| 12-10 NAME: | |
| 12-11 STREET ADDRESS: | |
| 12-12 CITY-STATE-ZIP: | |
| 12-13 TITLE: | <input type="checkbox"/> DELETE |
| 12-14 NAME: | |
| 12-15 STREET ADDRESS: | |
| 12-16 CITY-STATE-ZIP: | |
| 12-17 TITLE: | <input type="checkbox"/> DELETE |
| 12-18 NAME: | |
| 12-19 STREET ADDRESS: | |
| 12-20 CITY-STATE-ZIP: | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------------|---|
| 13-1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13-2 NAME: | |
| 13-3 STREET ADDRESS: | |
| 13-4 CITY-STATE-ZIP: | |
| 13-5 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13-6 NAME: | |
| 13-7 STREET ADDRESS: | |
| 13-8 CITY-STATE-ZIP: | |
| 13-9 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13-10 NAME: | |
| 13-11 STREET ADDRESS: | |
| 13-12 CITY-STATE-ZIP: | |
| 13-13 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13-14 NAME: | |
| 13-15 STREET ADDRESS: | |
| 13-16 CITY-STATE-ZIP: | |
| 13-17 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13-18 NAME: | |
| 13-19 STREET ADDRESS: | |
| 13-20 CITY-STATE-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)(b), 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 change of information is being made with an address.

SIGNATURE: *Paul M Vassalotti* Paul M Vassalotti 119-96 407-674-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)