

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **376686** (2)

1. Corporation Name
PRE-CAST SPECIALTIES, INC.

Principal Place of Business 1380 NE 48 STREET POMPANO BEACH FL 33064 US	Mailing Address 1380 NE 48 STREET POMPANO BEACH FL 33064-4903 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1971		3a. Date of Last Report 03/06/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1318472		Applied For ☐ Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent CIANELLI, ALFRED A JR. 1380 NE 48TH STREET POMPANO BEACH FL 33064				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CIANELLI, FRANCES A	1.2 NAME	
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	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CIANELLI, FRED A.	3.2 NAME	
STREET ADDRESS	10332 SW 18TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	CIANELLI, DAVID M.	4.2 NAME	
STREET ADDRESS	3881 FARRAGUT STREET	4.3 STREET ADDRESS	5330 S.W. 21st Court
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	Plantation, Fl. 33317
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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. (Signature of Officer or Director)

SIGNATURE: **Alfred A. Cianelli Jr.** 1-13-97 (954) 781-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)