

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 464695 (6)

1. Corporation Name

PAVER SYSTEMS, INC.

Principal Place of Business

**7167 INTERPACE RD.
P.O. BOX 10027, RIVIERA BCH FL 33419
WEST PALM BEACH FL 33407**

Mailing Address

**7167 INTERPACE RD.
P.O. BOX 10027, RIVIERA BCH FL 33419
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/06/1974	3a. Date of Last Report 01/27/1994
4. FEI Number 59-1556695	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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MARTENS, RICHARD L
515 N. FLAGLER DR., STE 1900
WEST PALM BEACH FL 33401**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE MRX	1.1 TITLE PD	1.2 NAME Halitov, Gregory	☒ Change ☐ Addition
NAME HALITOV, GREGORY	1.3 STREET ADDRESS 7167 INTERPACE ROAD	1.4 CITY - ST - ZIP West Palm Beach, FL 33407	
TITLE MRX	2.1 TITLE V	2.2 NAME Grimm, Robert A.	☒ Change ☒ Addition
NAME GRIMM, ROBERT A.	2.3 STREET ADDRESS 7167 INTERPACE ROAD	2.4 CITY - ST - ZIP West Palm Beach, FL 33407	
TITLE AS	3.1 TITLE ☐ Change ☐ Addition	3.2 NAME	
NAME FREY, PAGE R	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
STREET ADDRESS 7167 INTERPACE ROAD	4.1 TITLE ☐ Change ☒ Addition	4.2 NAME Cox, Christopher J.	
CITY - ST - ZIP WEST PALM BEACH FL	4.3 STREET ADDRESS 7167 INTERPACE ROAD	4.4 CITY - ST - ZIP West Palm Beach, FL 33407	
TITLE	5.1 TITLE ☐ Change ☒ Addition	5.2 NAME Feather, Neil D.	
NAME	5.3 STREET ADDRESS 7167 INTERPACE ROAD	5.4 CITY - ST - ZIP West Palm Beach, FL 33407	
STREET ADDRESS	6.1 TITLE ☐ Change ☒ Addition	6.2 NAME Oliver, Christopher R.R.	
CITY - ST - ZIP	6.3 STREET ADDRESS 7167 INTERPACE ROAD	6.4 CITY - ST - ZIP West Palm Beach, FL 33407	

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 110.07(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 registered agent 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 the address.

SIGNATURE:

Gregory Halitov
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

**Gregory Halitov
President**

4/20/95

Date

407-844-5202

Daytime Phone #