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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 4	175230
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ASSOCIATED CONCRETE INDUSTRIES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90214 026 ***150.00



Principal Place of Business Mailing Address						E IMBELL ALAUF JEWAL ALIUR TIANK FILLI ANGLI AIN	A DIBIO BIĐẠI BIBIL	41017 PIWII 3004	
9304 N.E. 5TH AVENUE 9304 N.E. 5TH AVENUE									
MIAMI SHORES FL 33138 MIAMI SHORES FL 33138						DO NOT WRITE IN THIS SPACE			
. : .						3. Date incorporated or Qualifed			
						05/06/1975		1	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	pplied For	
<u> </u>	acc of Edulicac	26				59-1589420	No	ot Applicable	
21 26			#, etc.				\$8.75	Additional	
22	· .	27	⊢ '''			5. Certificate of Status Desired	Fee Re	equired	
City & State		City & Sta	City & State			-6-Election Campaign Financing		May Be	نستنت
23	43	28				Trust Fund Contribution	•	to Fees	
Zip	Country	Zip		Country	,	8. This corporation owes the current year		EZ No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registers	Yes Acent	LEINO	
	9. Name and Address of Curren	t Registered Ager	<u>It</u>	81	Name	10. Name and Address of New Registere	u Agent		
RACI	H, STEVEN J			[.					
	N.E. 5TH AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	AL SHORES FL 33138			83	 				
1	01101120 12 00100	•		L					
}				84	City	F	85 Zip	Code	
11 Purcuant t	to the provisions of Sections 607 050	2 and 607 1508 FI	orida Statutes th	ne abovi	e-named co	rnoration submits this statement for the purpose	of changing its	s registered	
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.									
	m tamiliar with, and accept the obliga	tions of, Section of	7,0505, Florida	Statutes	•			}	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Regis	stered Age	nt signature requ	ired when reinstating) DATE			ć
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			Š
TITLE	PD		DELETE	1.1 TITLE			Change	☐ Addition	3
NAME	BACH, STEVEN J		1.2 NA						3
STREET ADDRESS	9304 N.E. 5TH AVENUE			1.3 STREE	T ADDRESS				į
C/TY-ST-ZIP	MIAMI SHORES FL			1,4 CITY-S	T-ZIP		————	Addition	ç
TITLE	S .	L.	DELETE	2.1 TITLE			☐ Change	☐ Addition	`
NAME	BACH, MARIAN			2.2 NAME	Ì)	
STREET ADDRESS	9304 N.E. 5TH AVENUE				TADDRESS				
CITY-ST-ZIP	MIAMI SHORES FL			2. 4 CITY-5	ST-ZIP		Change	Addition	=
TITLE		L		3.1 TITLE			onungo		
NAME				3.2 NAME	T ADDRESS				
STREET ADDRESS								ł	
CITY-ST-ZIP				3.4. CITY+5 4.1 TITLE	51-212		Change	Addition	
NAME	,	_		4. 2 NAME			_ •	Ì	
STREET ADDRESS	,	•			TADDRESS			ł	1
CITY-ST-ZIP				4.4 CITY-S	ţ				
TITLE	<u> </u>			5.1 TITLE			☐ Change	Addition	
NAME				5.2 NAME	İ		•	ļ	
STREET ADDRESS	. ,			5.3 STREE	T ADDRESS		•		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE			☐ Change	Addition	i
NAME			ŀ	6.2 NAME					i
STREET ADDRESS	· · · ·		ŀ	6.3 STREE	T ADDRESS		4.		i
CITY-ST-ZIP	v			6.4 CITY-S	ST-ZIP				

14. I 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 of 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 changed, or on an exact pent with an address, with all other like empowered.

SIGNATURE: