

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

001004

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90015 042 ***150.00

DOCUMENT # 519941

1. Corporation Name PRO-PAVE, INC.



Principal Place of Business: 455 FAIRWAY DR DEERFIELD BEACH FL 33443 US
Mailing Address: 1151 AZALEA GARDEN RD NORFOLK VA 23502 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1976
4. FEI Number: 59-1707053
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FINK, RUSSELL A.	
STREET ADDRESS	1151 AZALEA GARDEN RD	
CITY-ST-ZIP	NORFOLD VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLE, CHRISTINE E	
STREET ADDRESS	1151 AZALEA GERDEN RD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BAWTINHIMER, SUSAN N	
STREET ADDRESS	1151 AZALEA GARDEN RD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FUQUA, ROBERT E.	
STREET ADDRESS	1151 AZALEA GARDEN RD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARR, JOHN D	
STREET ADDRESS	1151 AZALEA GARDEN RD.	
CITY-ST-ZIP	NORFOLK VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/26/1999 Date 757.858.6500 Daytime Phone #

CR2E034 (1/198)