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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 552459

(0)

COLORCRETE OF PINELLAS, INC.

FILED Apr 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3601 63RD AVENUE NORTH S601 63RD AVENUE NORTH PINELLAS PARK FL 34685 PINELLAS PARK FL 33781-8210			11877,	3. Date Incorporated or Qualified 3a. Date of Last Report			
	·			12/02/1977	02/2	7/1996	
2. Principat Place of Business	2a. Mailing Addres	SS		4. FEI Number 59-1790675			oplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apl. #, e	etc.		***************************************			Additional
22	27			5. Certificate of Status Desired		Fee Re	equired
City & State	City & State			6. Election Campaign Financing			Мау Ве
Zip Country	/ 28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for	Listangible t		to Fees
24 25	29	30	,		Yes [. 199.032,
	ss of Current Registered Agent			10. Name and Address of New F			
11. Pursuant to the provisions of Sections	ions 607,0502 and 607,1508, Florida	84 Statutes, the abov	1	poration submits this statement for the	FL purpose of	" "	Code Is registered registered
Pursuant to the provisions of Sectionlice or registered agent, or both agent. I am familiar with, and accessional accessions.	i, in the State of Florida, Such change ept the obligations of, Section 607.08	505, Florida Statute	y the corporat s.	tion's board of directors, I hereby acc	ept the appo	,ariorii a s	_
SIGNATURE Signal we diplod or profited name	of regulared agent and title if applicable.	(NCTE Registered Ag		red when reinstaling)	DATE		
SIGNATURE Standard or period name 12. OF	of registered agent and title if applicable. FFICERS AND DIRECTORS	(NOTE Registered Ag			DATE	DIRECTOR	RS IN 12
SIGNATURE	o' rigi lireo agest aro tile il applicable. FFICERS AND DIRECTORS	(NOTE Registered Ag 13. ETE 1.1 TITLE		red when reinstaling)	DATE		RS IN 12
SIGNATURE Signal we appead or prosted name 12. OF	o' mgi dereo agest ano tile il applicable. FFICERS AND DIRECTORS	(NOTE Registered Ag 13. ETE 1.1 TITLE 1.2 NAME		red when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURE Standard of Special or peritudiname 12. OF TIPLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE FL	o' mgi dereo agest ano tile il applicable. FFICERS AND DIRECTORS	(NOTE Registered Ag 13. ETE 1.1 TITLE 1.2 NAME	ent signature requir	red when reinstaling)	DATE	DIRECTOR	RS IN 12
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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MA STONO

4-4-97

813-392-13

Daylime Phone #

32E034 (9/96)