

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. May Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **612906** (8)
1. Corporation Name
CHARLIE FRMYER PAVING, INC.



Principal Place of Business
**509 NE 43RD ST
OAKLAND PARK FL 33334**

Mailing Address
**509 NE 43RD ST
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1979	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1886792	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent WEIN, DANIEL 509 NE 43RD ST OAKLAND PARK FL				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name PHILIP FRIONA	82 Street Address (P.O. Box Number is Not Acceptable) 8225 SUNRISE LAKES BLVD BUILDING 38
83 APT # 311	84 City SUNRISE
85 Zip Code FL 33332	

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 **PHILIP FRIONA V. Pres.** *Philip Friona* **3-4-98**
Signature, typed or printed name of registered agent and title of applicable (NC) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V. PRESIDENT
NAME	WEIN, DANIEL	1.2 NAME	PHILIP FRIONA
STREET ADDRESS	509 NE 43RD ST	1.3 STREET ADDRESS	8225 SUNRISE LAKES BLVD BUILD 38 APT #311
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	SUNRISE FLORIDA 33332
TITLE	TS	2.1 TITLE	PRESIDENT
NAME	WEIN, DOROTHY	2.2 NAME	ARTHUR SPINA JR.
STREET ADDRESS	509 NE 43RD ST	2.3 STREET ADDRESS	7614 BEECHWOOD CIRCLE
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	NIAGARA FALLS, N.Y. 14304
TITLE	VP	3.1 TITLE	
NAME	WEIN STACY	3.2 NAME	
STREET ADDRESS	509 NE 43RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Philip Friona** **PHILIP FRIONA** **2-11-98** **954-564-5680**

CR2E034 (10/97)