

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

**FILED**  
**Mar 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. ... 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/14/1979</b>	4. FEI Number <b>59-1886792</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

9. Name and Address of Current Registered Agent  
**WEIN, DANIEL**  
**509 NE 43RD ST**  
**OAKLAND PARK FL**

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** FL 85 Zip Code **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 if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEIN, DANIEL</b>	
STREET ADDRESS	<b>509 NE 43RD ST</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEIN, DOROTHY</b>	
STREET ADDRESS	<b>509 NE 43RD ST</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEIN STACY</b>	
STREET ADDRESS	<b>509 NE 43RD ST</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>V. PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PHILIP FRIONA</b>	
1.3 STREET ADDRESS	<b>8225 SUNRISE LAKES BLVD BUILD 38 APT #311</b>	
1.4 CITY-ST-ZIP	<b>SUNRISE FLORIDA 33332</b>	
2.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ARTHUR SPINA JR.</b>	
2.3 STREET ADDRESS	<b>7614 BEECHWOOD CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>NIAGARA FALLS, N.Y. 14304</b>	
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.

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

CR2E034 (10/97)