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03-01-1999 90065 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 612906

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: 21 201 NW 20th AVE FLA UD FL 33311
 2a. Mailing Address: 26 201 NW 20th AVE FL LAUD FL. 33311
 Suite, Apt. #, etc.: 22
 City & State: 23 Ft LAUDERDALE FLORIDA
 Zip: 24 33311 Country: 25 BROWARD
 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 03/14/1979
 4. FEI Number: 59-1886792 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
FRIONA, PHILIP
8225 SUNRISE LAKES BLVD BLDG 38
APT #311
SURISE FL 33332

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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: Philip Friona (PHILIP FRIONA) VP DATE: 2-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIONA, PHILIP	1.2 NAME	
STREET ADDRESS	8225 SURISE LAKES BLVD BLDG 38 APT #311	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURISE FL 33332	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINA, ARTHUR JR.	2.2 NAME	
STREET ADDRESS	7614 BEECHWOOD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NIAGARA FALLS NY 14304	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Philip Friona (PHILIP FRIONA) DATE: 2-1-99 DAYTIME PHONE #: (954) 522-5680
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)