## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

672944

(6)

Mailing Address

DOCUMENT #
1. Corporation Name

SLURRY ASPHALT, INC.



| 1100 N W 73RD STREET<br>MIAMI FL 33150     |  |  |                               | 1100 N W 73RD STREET<br>MIAMI FL 33150                                  |                          |                |  |   |                    |   |                                |        |                        |                     |   |
|--|--|--|-------------------------------|---|--------------------------|----------------|--|---|--------------------|---|--------------------------------|--------|------------------------|---------------------|---|
|  |  |  |                               |   |                          |                |  |   | 3.                 | Date Incorporated or Qualified 06/10/1980                           | 3a.                            | Date ( | 4/20                   | /199                | 5                                       |
| —¬, '  -                                   |  |  |                               | 2a. Mailing Address:  |                          |                |  | <b>NO-2426282</b>   |                    |   |                                |        | lied For<br>Applicable |                     |   |
| Suite, Apt. #, etc.                        |  |  |                               | Suite, Apt. #, etc.   |                          |                |  |   | 5.                 | Certificate of Status Desired                                       | \$8.75 Additional Fee Required |        |                        |                     |   |
| City & State                               |  |  |                               | City & State  |                          |                |  | 6. Election Campaign Financing Trust Fund Contribution  S5.00 May Added to Fe |                    |   |                                |        | lay Be                 |                     |   |
| Zip<br><b>24</b>                           | Country<br>25  |  |                               | ——————————————————————————————————————                                  |                          |                | ountry   |   |                    | This corporation has liability for                                  | intangib                       |        |                        |                     |   |
|  |  | ddress of Current  |                               | ered Agent  |                          | T_             |  |   | 10.                | Name and Address of New I   |                                |        | gent                   |                     |   |
|  |  |  | I                             |   |                          | 81             | ١  | Vame  |                    |   |                                |        | · · · ·                | •                   |   |
| APPLEBAUM, RAY C<br>1100 N.W. 73RD ST.     |  |  |                               |   |                          | 82             | Street Address (P.O. Box Number is Not Acceptable) |   |                    |   |                                |        |                        |                     |   |
| MIAM                                       | I FL 33150   |  |                               |   |                          | 83             |  |   |                    |   |                                |        |                        |                     |   |
|  |  |  |                               |   |                          | 84             | C  | Dity  |                    |   |                                | =L     | 85                     | Zip Co              | ode                                     |
| 11. Pursuant<br>or register<br>familiar wi | to the provisions of<br>red agent, or both, i<br>ith, and accept the | Sections 607.0502 a<br>n the State of Florida<br>obligations of, Section | and 607<br>a. Such<br>n 607.0 | 7.1508, Florida Statut<br>change was authoriz<br>1505, Florida Statutes | es, the ab<br>red by the | corp           | nan<br>ora   | ned corpora<br>tion's board   | ation s<br>d of di | submits this statement for the pulirectors. I hereby accept the app |                                |        | nging i<br>egiste      | ts regis<br>red age | tered office<br>ent. I am               |
| SIGNATURE                                  |  | name of registered agent an  |                               |   |                          |                |  | gnature required t  |                    |   | DAT                            |        |                        |                     |   |
| 12.  | og mere, types o prince  | OFFICERS AND   |                               |   | 13.                      |                |  | grante racionara  |                    | ADDITIONS/CHANGES TO OFF  |                                |        | DIREC                  | TORS                | IN 12                                   |
| TITLE                                      | ST   |  |                               | ☐ DELETE  |                          | TITLE          |  |   |                    |   |                                |        | Chang                  |                     | Addition                                |
| NAME                                       | ,  | M, FREDRICA C  |                               |   | 1.2 (                    | AME            |  |   |                    |   |                                |        |                        |                     |   |
| STREET ADDRESS                             | 1100 N.W.  |  |                               |   | 1.3 \$                   | STREET         | ADI  | DRESS   |                    |   |                                |        |                        |                     |   |
| CITY-ST-ZIP                                | MIAMI, FL :  | 33130  |                               |   |                          | CITY-S         | T-Z  | nP  |                    |   |                                |        |                        |                     |   |
| TITLE                                      | APPLEBAU   | M RAV C  |                               | ☐ DEFELE  |                          | TITLE          |  |   |                    |   |                                |        | Chang                  | ge [                | ] Addition                              |
| NAME                                       | 1100 N.W.  |  |                               |   |                          | AME            |  |   |                    |   |                                |        |                        |                     |   |
| STHEET ADDRESS                             | MIAMI, FL  |  |                               |   |                          | TREET          |  |   |                    |   |                                |        |                        |                     |   |
| CHTY-ST-ZIP<br>TITLE                       | 1  |  |                               | □ DELETE  |                          | HTY-S<br>TITLE | 51 - Z   | IP  |                    |   |                                | -      | Chang                  | ne 🗀                | ] Addition                              |
| NAME                                       |  |  |                               |   | 1                        | JAME           |  |   |                    |   |                                | _      | , C. W. N              | , L                 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET ADDRESS                             |  |  |                               |   | 1                        |                | T AD   | DRESS   |                    |   |                                |        |                        |                     |   |
| CITY - ST - ZIP                            |  |  |                               |   | 1                        | CITY-S         |  |   |                    |   |                                |        |                        |                     |   |
| TITLE                                      |  |  |                               | ☐ DELETE  | 4.1                      | TITLE          |  |   |                    |   |                                | Ė      | Chang                  | je 🗀                | ] Addition                              |
| NAME                                       |  |  |                               |   | 4.2                      | IAME           |  |   |                    |   |                                |        |                        |                     |   |
| STREET ADDRESS                             |  |  |                               |   | 4.3 9                    | TREET          | ADI  | DRESS   |                    |   |                                |        |                        |                     |   |
| CITY - S1 - ZIP                            |  |  |                               | ten no con  |                          | ITY-S          | 1 - Z  | TIP   |                    |   |                                |        |                        |                     |   |
| TITLF                                      |  |  |                               | DELETE  | 5.1                      |                |  |   |                    |   |                                |        | Chang                  | ge [                | ] Addition                              |
| NAME                                       |  |  |                               |   | 1                        | AME            |  |   |                    |   |                                |        |                        |                     |   |
| STREET ADDRESS                             |  |  |                               |   |                          | TREET          |  |   |                    |   |                                |        |                        |                     |   |
| CITY-ST-ZIP<br>TITLE                       |  |  |                               | DELETE  |                          | TITLE          | 1-2  | <u> </u>  |                    |   |                                | _      | Chang                  | 10 -                | ] Addition                              |
| NAME                                       |  |  |                               | Doctor  |                          | IAMÉ           |  |   |                    |   |                                | L      | Uncil                  | ,º ∟                | J CONTROLL                              |
| STREET ADDRESS                             |  |  |                               |   |                          |                | ADI  | DRESS   |                    |   |                                |        |                        |                     |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this argular 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 digitor 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 or arged for online affactment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)

Daytime Phone #