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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 682915

(4)

POMPANO MASONRY CORPORATION

Principal Place 880 SO. ANDRE POMPANO BCH	EWS AVENUE	Mailing Address 890 SO. ANDREWS AVENUE POMPANO BCH FL 33069-4530							
						3. Date Incorporated or Qualific 09/24/1980		Date of Last Re /25/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For	
21		26				59-2277757			t Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State			C. Florido Compaign Financia		\$5.00		
23	o	28			6. Election Campaign Financing Trust Fund Contribution	9 🗆	Added 1		
Zip Country		Zip	Zip Country			8. This corporation has liability	for intangible		
24	25	25 29 30				Florida Statutes Yes No			
	Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered	Agent	
	STASI, VERONICA N.			81	Name				
	SO. ANDREWS AVENUE		82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
POM	IPANO BEACH, FL 33069								
				83					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Flor	ida Statutes, the at	oove oove	l e-named corp	oration submits this statement for t	he nurnose (of changing it	s registered
office or r agent. La	registered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such chai ations of Section 607	nge was authorized 1.0505, Florida Stat	d by tutes	/ the corporati s.	ion's board of directors. I hereby a	ccept the ap	pointment as	registerea
SIGNATURE	_								
	Stignative, typed or painted name of registeroif age			d Age	ent signature requiri	ed when reinstating)	DATE		
12.	OFFICERS ANI		13. DELETE 1.1 TO	T. C		ADDITIONS/CHANGES TO O	FFICERS AN	☐ Change	S IN 12 Addition
TITLE	BARREDO, RODOLFO	ب ب	DELETE 1.1 TI					L. Change	E Accilion
NAME OFFICE ADDRESS	880 SO. ANDREWS AVENUE				ADDRESS				
STREET ADDRESS	POMPANO BCH FL		1						
CITY - ST - ZIP TITLE	DPST			1 4 CITY - ST - ZIP 2 1 TITLE				Change	Addition
NAME	ANASTASI, VERONICA			2 2 NAME				v	
STREET ADDRESS	880 SO. ANDREWS AVENUE				ADDRESS				
CITY - ST - 7iP	POMPANO BCH. FL				ST-ZiP				
TITLE	DV	V DELETE 3		TLE				Change	Addition
NAM:	HILFERTY, MARGARET			AME					
STREET ADDRESS	880 SO. ANDREWS AVENUE		33 57	TREET	ADDRESS				
C-TY - ST - ZIP	POMPANO BCH FL		34. C	iTY-S	ST-ZIP				
TITLE	D		DELETE 41T					☐ Change	Addition
NAME	ANASTASI, CONCETTA		4 2 N	IAME					
STREET ADDRESS	880 SO. ANDREWS AVENUE		43 \$3	TREET	ADDRESS				
C(TY - ST - 7IP	POMPANO BCH. FL			IY-S	ST-ZIP				
TITLE	EV		DELETE 51TI	TLE				☐ Change	Addition
NAME	HARRIS, WILLIAM J.		52 N/	AME					
STREET ADDRESS	880 SOUTH ANDREWS AVE		5.3 ST	TREET	ADDRESS				
CHY-SY-ZIP	POMPANO BEACH FL				ST-ZIP				· · · · · · · · · · · · · · · · · · ·
TITLE		LJ (DELĒTE 61 TI					Change	Addition
NAME			62 N	AME					
DECEMBERS AS DECEMBERS			0.000	tore *	LABORECC I				

6 4 CITY-ST-ZIP

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 circular 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:

CHY-ST-ZIP

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

954-946-3033

FILED

Jan 16 1997 8:00am

Secretary of State

Daytime Phone #

32F034 (9/96)