

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F00217 (2)

1. Corporation Name
PAVEX CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 101 SANSBURY WAY PO BOX 15065 WEST PALM BEACH FL 33416	Mailing Address 101 SANSBURY WAY PO BOX 15065 WEST PALM BEACH FL 33416
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3. Date Incorporated or Qualified 09/26/1980	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2028249		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DEFREHN, JOHN A.
 101 SANSBURY WAY
 WEST PALM BEACH FL 33416**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> DELETE
NAME	VECELLIO, LEO A JR	
STREET ADDRESS	771 VILLAGE RD	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANCANESE, JOHN L	
STREET ADDRESS	1200A SHILBURY CIR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHELLGREN, JON D	
STREET ADDRESS	21380 SUMMERTRACE CR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DEFREHN, JOHN A	
STREET ADDRESS	14007-GREENTREE DR-	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	GWINN, L.L.	
STREET ADDRESS	MABSCOTT, HILL ROAD	
CITY-ST-ZIP	BECKLEY, W. VA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	TAYLOR, JOHN L.	
STREET ADDRESS	14142 GREENTREE DR.	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>7 COMMANDERS DRIVE</i>
4.4 CITY-ST-ZIP	<i>PALM BEACH GARDENS, FL 33418</i>
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.

SIGNATURE: *[Signature]* **3/6/98** **561-793-9400**

CR2E034 (10/97)