


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90056 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F00217**

1. Corporation Name  
**PAVEX CORPORATION**

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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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>09/26/1980</b>	
4. FEI Number <b>59-2028249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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		
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	7 COMMANDERS DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	GWINN, LL	
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 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, with all other like empowered.

SIGNATURE:  **REQUIRED**  **2/8/99**  **561-793-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

247670-90656-47

FD0217

SHAMBIN, EUGENE  
2501 N.W. 48th ST.  
POMPANO BEACH, FL

VICE PRESIDENT

MONCK, GLENN  
2501 N.W. 48th ST.  
POMPANO BEACH, FL

VICE PRESIDENT

CATTRODALE, DANTE E  
MABSOTH HILL ROAD  
BECKLEY, WV

DIRECTOR - V.P.

FOWLER, RICHARD  
1200 ELBOC WAY  
ORLANDO, FL

STANLEY, BARRY K.  
2501 N.W. 48th ST  
POMPANO BEACH, FL