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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(3)

ANYTHING ASPHALT, INC.

Principal Place	e of Business	Mailing Address	···		
4500 HIATUS RD 6231 NW 54TH ST 6214 LAUDERHILL FL 33351					
SUNRISE FL	33351			DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified 04/16/1981	
	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo	
	ABove	26 A36V Suite, Apt. #, etc.	<u>e</u>	<b>59-2092172</b> Not Applic	—
Suite, Apt.	#, etc.	<del></del>		5. Certificate of Status Desired Fee Required	al
City & State		City & State			-
23	e	<del> </del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	<b>28</b> Zip	Country	This corporation owes or has paid the current year Intangible	
24	25 BROWARD	29	Country 30 Browned	Personal Property Tax due June 30. Yes No	
27)	9. Name and Address of Curren			10. Name and Address of New Registered Agent	
RO	DGERS, WILLIAM H.		81 Name		
82	31 N.W. 54 STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	UDERHILL FL 33351		DZ Street Addi	ess (r.O. box number is not noteptable)	
			63		
			84 City	85 Zip Code	
			84 City	FL   65   Zip Code	
SIGNATURE	Signature, typed or printed name of registered age		F Registered Agent signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN	D DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RODGERS, WILLIAM H.		1.2 NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	8231 NW 54TH ST		1.3 STREET ADDRESS		
CITY+ST-ZIP	LAUDERHILL, FL 00000		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TiTLE	☐ Change ☐ Ad	ddition
NAME	RODGERS, MARGARET D		2.2 NAME		
STREET ADDRESS	8231 NW 54TH ST		2.3 STREET ADDRESS		,
CITY-ST-ZIP	LAUDERHILL, FL 00000		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE	☐ Change ☐ Ad	dition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY+ST-ZIP			3 4. CITY-ST-ZIP		1.00
TITLE	ļ	DELETE	4 1 TITLE	☐ Change ☐ Ad	dition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP	Change	ddition
TITLE		☐ DESCRIP	5.1 TITLE	Clangexo	TOITIOH
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Ad	ddition

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental arrural report is true and accommodificer or director of the corporation or the receiver or trustee empowered to ex Block 12 or Block 13 if changed, or an attachment with practices. The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frate and that my signature shall have the same legal effect as if made under oath; that I am an xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS 6.4 City - St - ZiP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Apr 01 1998 8:00am

Secretary of State