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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

F96000004955 (8) DOCUMENT #

MASONRY INDUSTRY ECONOMIC DEVELOPMENT, INC.

## **FILED** May 20 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address								
821 15TH STREET, NW			821 15TH STREET, NW								
WASHINGTON	DC 20005	WASH	WASHINGTON DC 20005				DO NOT MIDITE IN THIS	6D405			
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							09/26/1996				
9 Principal Pl	ace of Business	2a Ma	illing Address				4. FEI Number	F	Tán	plied For	
<del>                                     </del>	ace of business		26				4. FEI Number Applied For 52-1979261 Not Applied				
Suite, Apt.	# oto	<del></del>	Suite, Apt #, etc.								
22	", gtc.	<u></u>	¬ ''				5. Certificate of Status Desired   \$8.75 Additional Fee Regulred				
City & State	1	. [27]	City & State				C Stantin Orania Simonia	_		<del></del>	
23	•	28	າ ້			1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country							
24	25	29	,	30	т. у		This corporation owes or has paid the cu Personal Property Tax due June 30.				
	9. Name and Address of Curre		d Agent	30			10. Name and Address of New Registered Agent				
CI	CORPORATION SYSTEM		- 1,90		91	Name					
	O SOUTH PINE ISLAND ROAD										
PLANTATION FL 33324					32	Street Address (P.O. Box Number is Not Acceptable)					
PLA	MIATION PL 33324				B3						
				,	93						
				Ε	84	City		85	Zip (	ode	
					Д,		FL	_			
11. Pursuant t	o the provisions of Sections 607.050 poistered agent, or both, in the State	)2 and 607.1 : of Florida S	508, Flori <b>da Stat</b> uto Such cha <b>n</b> ge was a	es, the abo authorized	ove-r hv ti	named cor he cornors	rporation submits this statement for the purpose of	onintme	jing it: nt as	s registered 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											
	Signature, typed or printed name of registered ag		·········		Agent	signature requ	uired when reinstating) DATE	D DIDE	0700	0 154 40	
12.	OF LICERS AN	DOMECTO	DELETE	13.		····	ADDITIONS/CHANGES TO OFFICERS AN	L Ch		Addition	
TITLE	MARKY WAITER M			1.1 TITLE 1.2 NAME			L. 01	anyu	Addition		
NAME	A46 46TU OTDEET ANU				1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	WASHINGTON DC 20005					}				[]	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			Ch		TT sauton		
TITLE	CALAMBOKIDIS, JOAN B		[ ] DETE IE		2.1 TITLE			ᆸᇄ	ange	☐ Addition	
NAME	815 15TH STREET, NW		2.2 NAME						ĺ		
STREET ADDRESS					2.3 STREET ADDRESS						
CITY-ST-ZIP	WASHINGTON DC 20005		Divers	2 4 CITY - S1 - ZIP		ZIP		T-1 6:		Addition	
TITLE	AOLIII INE MATTMEM C		DELETE	3.1 TITLE		1		∐ Ch	ange	Addition	
NAME	AQUILINE, MATTHEW S			3.2 NAM							
STREET ADDRESS	815 15TH STREET, NW WASHINGTON DC 20005			3.3 STRE		1					
CITY-ST-ZIP	3			3 4. CITY-ST-7IP			<del>_</del>				
TITLE	PEOADMO TUOMAS		DELETE	4 1 THE	E			L_J Ch	ange	☐ Addition	
NAME	DEGARMO, THOMAS			4. 2 NAM		-				ļ	
STREET ADDRESS	815 15TH STREET, NW			4.3 STR	EET AE	DORESS					
CITY-ST-ZIP	WASHINGTON DC 20005			4.4 City		ZIP					
TITLE	0		☐ DELETE	5.1 1171	E			Ch	ange	☐ Addition	
NAME GEORGE, EUGENE T				6.2 NAM	5.2 NAME					}	
STREET ADDRESS G&A MASONRY, LTD./PO BOX 1358, KITCHENER					5.3 STREET ADDRESS					ţ	
CITY-ST-ZIP	ONTARIO CANADA N2G 4H7			5.4 CITY	/- \$T-	ZIP					
TITLE	D		DELETE	6.1 TITU	E			Ch	ange	Addition	
NAME	JOYCE, JOHN T			6.2 NAM	1E	Ì					
STREET ADDRESS	815 15TH STREET, NW			6.3 STRE	eet ac	DRESS					
CITY-ST-ZIP	WASHINGTON DC 20005			6.4 CITY						-	

Thereby 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 eath; that I am an officer or director of the composition or the receiver or truston 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.

4/29/98