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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H91771

(6)

FILED						
Mar 31 1997 8:00am						
Secretary of State						

T.F. FLORIDA PAVERS, INC.  Principal Place of Business Mailing Address  3020 S.W. 14TH PLACE SUITE 7  BOYNTON BEACH FL 33426  Mailing Address  Mailing Address  3020 S.W. 14TH PLACE SUITE 7 BOYNTON BEACH FL 33426-9033					
US BOTHION BEA	CH FL 30426	BOYNTON BEACH FL 3342 US	76- <b>8U</b> 33	3. Date Incorporated or Qualified 12/27/1985	3a. Date of Last Report 01/10/1997
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2624221	Applied For Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	:0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30		Yes No
.,,	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
1065	ES, THEO 5 GATOR TRAIL PALM BEACH FL 33409		81 Name 82 Street Addi 83	ress (P.O. Box Number is Not Acceptable	e)
			84 City	poration submits this statement for the pulion's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE  12.  THE	P	agent and ticc if applicable (NOT NND DIRECTORS	TE: Registered Agent signature requi	red when re-installing) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS OTY-ST-ZIP	FRIES, THEO 1065 GATOR TRAIL W. PALM BEACH FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		DELETE	2.1 THILE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CHY: \$1 - Z**: THU! NAME	BOYNTON BEACH FL 33428	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	a)	. Change Addition
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CHTY-ST-ZIP		
THRE NAME STREEF ACIDRESS CETY+SI-ZEP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip		Change Addition
THES NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
THE NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
Citr-St-ZiP 14. I do here information Lam an c	on indicated on this annual report o	or supplemental annual report is to or the receiver or trustee empoy	6.4 CITY-ST-ZIP ify for the exemption state true and accurate and that wered to execute this repo	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	l effect as if made under oa