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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J16081

(8)

PIONEER CONCRETE TILE, INC.

## **FILED** Jan 16 1997 8:00am Secretary of State



						BURNI BURN BURN BURN ANDN BYRNI ARBI
Principal Place of Business Mailing Address					1 10 511(0 010) (1010 4(1)) 4010 14(2) (101	2.21. 8.61. 4:21. 5.51. 6.51. 0.0161
PIONEER CON	PIONEER CONCRETE TILE. I	INC.		[		
1340 S.W. 34TH AVENUE		1340 S.W. 34TH AVENUE DEERFIELD BEACH FL 33442-8141				
DEERFIELD BEACH FL 33442		US		3. Date Incorporated or Qualified	3a. Date of Last Report	
03				05/23/1986	08/07/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
<del> </del>		26	•		59-2706986	Not Applicable
		Suite, Apt. #, etc.				\$8.75 Additional
22 27		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zıp	Country	Zip	Country		8. This corporation has liability for	
24	25	29 3	0			Yes No
	g. Name and Address of Curren			r <del></del>	10. Name and Address of New Re	gistered Agent
VALDES-FAULI CORPORATE SERVICES, INC.			81	Name		
777 FLAGLER DRIVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
SUITE 500 EAST						·
WEST PALM BEACH FL 33401			83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	the above	e-named c	orporation submits this statement for the p	urpose of changing its registered
agent. La	m familiar with, and accept the obliga	ations of, Section 607 0505, Flori	da Statute	7 me corpc 3.	orporation submits this statement for the pration's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
0.0.1.	Signature, typed or printed racin of registered age			ni signature re	quired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
FITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CROCKER, RON			ļ		
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-Z-P	SYDNEY, NSW AUS		1.4 CITY - ST - ZIP			Change Addition
TITLE	_		2.1 TITLE			L. Change L. Adultion
NAME	ROWE, DOUGLAS		22 NAME		• .	
STREET ADDRESS	10650 POPLAR AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	FONTANA CA 92337		2. 4 CITY -	ST - ZIP		
TITLE	ST DELETE		3.1 TITLE	-		Change Addition
NAME	COWAN, PAT		3.2 NAME			
STREET ADDRESS	10020 1 01 2 41 11 14		3.3 STREET			
CITY-ST-ZIP	FONTANA CA 92337	T Actor	3.4. CITY-	ST-ZIP		7 As
TITLE	AS	☐ DELETE	4.1 TITLE	Ī		Change Addition
NAME	JOHNSON, DAVID		4 2 NAME	1		
STREET ADDRESS	1340 SW 34TH AVENUE		4.3 STAEET	ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		4.4 CITY - S	T - ZIP		
TITLE	AS	☐ DELETE	51 TITLE			Change Addition
NAME	MATTINGLY, RON		5.2 NAME			
STREET ADDRESS	800 GESSNER, STE. 100		5.3 STREET	ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77024			IT-ZIP		
TATLE	l v	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	REID, GARY		6.2 NAME			
STREET ADDRESS	1340 SW 34TH AVENUE		6.3 STREET	AODRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		6.4 CITY - S	ST-ZIP		

14. I do 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.

SIGNATURE: