

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52457 (5)

1. Corporation Name

AMERICAN ASPHALT, INC.



Principal Place of Business

1200 ELBOC WAY
WINTER GARDEN FL 34787
US

Mailing Address

1000 SOUTHERN BLVD
SUITE 300
WEST PALM BEACH FL 33405
US

3. Date Incorporated or Qualified
01/20/1987

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 1000 SOUTHERN BLVD.

Suite, Apt. #, etc

22 300

City & State

23 WEST PALM BEACH, FL

Zip

24 33405

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

Country

30 33405

4. FEI Number
59-2758962

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

CUMMINGS, SAMANTHA BOGE
1004 DESOTO PARK DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name JOHN B. MCCracken

82 Street Address (P.O. Box Number is Not Acceptable)

505 S. FLAGLER DRIVE, SUITE 1100

83

84 City

WEST PALM BEACH,

FL

85 Zip Code

33401-3475

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

Signature, typed or printed name of registered agent and board of directors

Signature, typed or printed name of registered agent and board of directors

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME TOMEU, ENRIQUE A.
STREET ADDRESS 184 S. WORTH CT
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE VP
NAME SMITH, BRETT C
STREET ADDRESS 15019 JOHN'S LAKE ROAD
CITY-ST-ZIP CLERMONT FL

☒ DELETE

TITLE V
NAME SEVI, DANTE C.
STREET ADDRESS 1246 WOODBRIDGE CT
CITY-ST-ZIP ATLAMONTE SPRINGS, FL

☒ DELETE

TITLE S
NAME RODRIGUEZ, ALIDA
STREET ADDRESS 6501 PARKER AVENUE
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

TITLE AS
NAME SHIGEKO, NEUBECKER
STREET ADDRESS 4915 LOVRE AVE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

13.

1.1 TITLE DPTS
1.2 NAME TOMEU, ENRIQUE A.
1.3 STREET ADDRESS 6815 S. FLAGLER DRIVE
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33405

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique A. Tomeu

5-1-96

407-832-3110

CR2E034 (12/95)