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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J65061** (0)
1. Corporation Name
GINO PROCOPIO MASONRY, INC.



Principal Place of Business: **3275 NW 114TH LANE CORAL SPRINGS FL 33065**
Mailing Address: **3275 NW 114TH LANE CORAL SPRINGS FL 33065-9111**

3. Date Incorporated or Qualified: **03/31/1987**
3a. Date of Last Report: **03/27/1996**
4. FEI Number: **59-2823347**
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

2. Principal Place of Business
21 **556 CINDY CIRCLE LN.**
22 Suite, Apt. #, etc.
23 **W. PALM BEACH FL.**
24 Zip **33414**
25 Country **PALM BEACH**
26 **556 CINDY CIRCLE LANE**
27 Suite, Apt. #, etc.
28 **W. PALM BEACH FL.**
29 Zip **33414**
30 Country **PALM BEACH**

9. Name and Address of Current Registered Agent
PROCOPIO, ALFONSO
3275 NW 114TH LANE
CORAL SPRINGS FL 33085

10. Name and Address of New Registered Agent
81 Name **GINO PROCOPIO**
82 Street Address (P.O. Box Number is Not Acceptable) **556 CINDY CIRCLE LANE**
83
84 City **W. PALM BEACH FL** 85 Zip Code **33414**

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 x *Alfonso Procopio* **GINO PROCOPIO** (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PROCOPIO, ALFONSO	
STREET ADDRESS	3275 N.W. 114 LANE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PROCOPIO, GENERO	
STREET ADDRESS	556 CINDY CIRCLE LANE	
CITY - ST - ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD GENERO PROCOPIO
2.3 STREET ADDRESS	556 CINDY CIRCLE LANE
2.4 CITY - ST - ZIP	W. PALM BEACH FL 33414
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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: x *Alfonso Procopio* **GINO PROCOPIO** (561) 753-8608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)