

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K40468** (6)

1. Corporation Name

ALL AMERICAN CONCRETE CUTTING CONTRACTORS, INC.



Principal Place of Business

**2731 NW 30TH AVE
LAUDERDALE LAKES FL 33311**

Mailing Address

**2731 NW 30TH AVE
LAUDERDALE LAKES FL 33311**

2. Principal Place of Business

21 2924 NW 28 STREET

Suite, Apt. #, etc.

22
City & State

23 LAUDERDALE LAKES, FL

24 Zip

33311

Country

25 BROWARD

2a. Mailing Address

26 P.O. BOX 9827

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33310

Country

30 BROWARD

3. Date Incorporated or Qualified

10/19/1988

3a. Date of Last Report

01/20/1995

4. FEI Number

65-0078614

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

**WALLACE, BEVERLY
501 NW 103RD AVE
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **WALLACE, RODNEY L.**
STREET ADDRESS **501 NW 103RD AVE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **PST** ☐ DELETE
NAME **WALLACE, BEVERLY**
STREET ADDRESS **501 NW 103RD AVE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **V** ☐ DELETE
NAME **DENUNZIO, CARL P**
STREET ADDRESS **5253 N.W. 55TH TERR.**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **V** ☒ DELETE
NAME **DUNAJEWSKI, JULIUS S.**
STREET ADDRESS **900 JACKSON WAY**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **ST** ☐ Change ☒ Addition
1.2 NAME **Goodwin, Jana D.**
1.3 STREET ADDRESS **11085 NW 39th St., #303**
1.4 CITY-ST-ZIP **Sunrise, FL 33351**

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 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

04/25/96

954-735-7100

Date

Daytime Phone #

CR2E034 (12/95)