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Mar 07 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 # **K40468** (6)
1. Corporation Name
ALL AMERICAN CONCRETE CUTTING CONTRACTORS, INC.



Principal Place of Business: **2924 NW 28 STREET
LAUDERDALE LAKES FL 33311
US**
Mailing Address: **PO BOX 9827
~~LAUDERDALE LAKES FL 33311~~
US**

3. Date Incorporated or Qualified: **10/19/1988**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **65-0078614**
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** Suite, Apt #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** P.O., Box 9827 Suite, Apt #, etc.: **27** City & State: **28** Ft. Lauderdale, Fl. Zip: **29** 33310 Country: **30**

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, RODNEY L.	
STREET ADDRESS	501 NW 103RD AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	WALLACE, BEVERLY	
STREET ADDRESS	501 NW 103RD AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DENUNZIO, CARL P	
STREET ADDRESS	5253 N.W. 55TH TERR.	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, JANA D	
STREET ADDRESS	11085 NW 39TH ST #303	
CITY - ST - ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME	RALPH G. HARRINGTON	
STREET ADDRESS	168 S.E. 28th Ave.	
CITY - ST - ZIP	Boynton Beach, Fl. 33435	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	BARI S. DENUNZIO → LAST NAME
4.4 CITY - ST - ZIP	5253 N.W. 55th Terrace
	Coconut Creek, Fl.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	RALPH G. HARRINGTON → LAST NAME
5.4 CITY - ST - ZIP	168 S.E. 28th Ave.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Boynton Beach, Fl. 33435
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: *Beverly Wallace* BEVERLY WALLACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

Date

Daytime Phone #

CR2E034 (9/96)