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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # K46213

1. Corporation Name
PAVERMOOVIE, INC.

Principal Place of Business Mailing Address
1590 N ANDREWS AVE EXT **1590 N ANDREWS AVE EXT**
POMPANO BEACH, FL 33069 **POMPANO BEACH, FL 33069**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
11/18/1988 **5/11/94**
4. FEI Number Applied For
98-0099826 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
7. This corporation has liability for intangible tax under G. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RICHARD P. CHATELIER
1590 N ANDREWS AVENUE EXTENSION
POMPANO BEACH, FL 33069

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Allowed)
300001474737
-05/04/95--01007--006
83 *****208.75 ***208.75**
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY - ST - ZIP	1.4 CITY - ST - ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY - ST - ZIP	2.4 CITY - ST - ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY - ST - ZIP	3.4 CITY - ST - ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY - ST - ZIP	5.4 CITY - ST - ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY - ST - ZIP	6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUY GRAVEL
1.3 STREET ADDRESS	1361 SOUTH OCEAN BOULEVARD # 407
1.4 CITY - ST - ZIP	POMPANO BEACH, FLORIDA 33062
2.1 TITLE	DIV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD P. CHATELIER
2.3 STREET ADDRESS	4010 BAYVIEW DRIVE
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FLORIDA 33308
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE ELMORE
3.3 STREET ADDRESS	2350 SOUTH CONGRESS AVENUE
3.4 CITY - ST - ZIP	DELABY BEACH, FLORIDA 33445
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM HART
4.3 STREET ADDRESS	555 S.W. 130TH AVENUE
4.4 CITY - ST - ZIP	DAVIE, FLORIDA 33325
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FERNAND HAMEL
5.3 STREET ADDRESS	265 CHEMIN ST - BERNARD
5.4 CITY - ST - ZIP	MONT-TRÉMBLANT, QUEBEC J0T 1Z0
6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHARLES G. PARKS
6.3 STREET ADDRESS	891 SAGE AVENUE
6.4 CITY - ST - ZIP	WEST PALM BEACH, FLORIDA 33411

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles G. Parks **CHARLES G. PARKS** **4/10/95** **305-972-7400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Include Title) **471 5-195**