

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 # **K46213 (0)**

1. Corporation Name
PAVERMODULE, INC.



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

3. Date Incorporated or Qualified: **11/18/1988** 3a. Date of Last Report: **05/01/1995**
4. FE Number: **98-0099826** 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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CHATELLIER, RICHARD P.
1590 N ANDREWS AVE EXT
POPANO BEACH FL 33069**

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 _____ DATE _____
Print or Type Name of the Officer or Director _____ Print or Type Name of the Registered Agent (signature required when recording) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT GRAVEL, GUY 1361 SOUTH OCEAN BLVD., #407 POMPANO BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP
TITLE	DV CHATELLIER, RICHARD P. 4010 BAYVIEW DRIVE FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP
TITLE	D ELMORE, GEORGE 2350 SOUTH CONGRESS AVENUE DELRAY BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP
TITLE	D HART, WILLIAM 555 S.W. 130TH AVENUE DAVIE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP
TITLE	D HAMEL, FERNANDO 265 CHEMIN ST - BERNARD MONT-TREMBLANT-QUEBEC J0T1Z0	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP
TITLE	S PARKS, CHARLES G 891 SAGE AVENUE WEST PALM BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

14. I 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: *Charles G Parks* **CHARLES G. PARKS, SECRETARY** FEB. 9, 1996 305-972-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE City/Time/Phone #

CR2E034 (12/95)