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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90006 034 ***558.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K46213

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1988

4. FEI 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 owes the current year Intangible Personal Property Tax. Yes No

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 Zip Country

29 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DPT GRAVEL, GUY**
 STREET ADDRESS **1361 SOUTH OCEAN BLVD., #407**
 CITY-ST-ZIP **POMPANO BEACH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DV CHATELLIER, RICHARD P.**
 STREET ADDRESS **4010 BAYVIEW DRIVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE DELETE
 NAME **D ELMORE, GEORGE**
 STREET ADDRESS **2350 SOUTH CONGRESS AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE DELETE
 NAME **D HAMEL, FERNANDO**
 STREET ADDRESS **265 CHEMIN ST - BERNARD**
 CITY-ST-ZIP **MONT-TREMBLANT-QUEBEC J0T1Z0**

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

TITLE DELETE
 NAME **SD PARKS, CHARLES G**
 STREET ADDRESS **891 SAGE AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Charles G Parks **CHARLES G PARKS**

5/10/99
 Date

954-972-2400
 Daytime Phone #

CR2E034 (11/98)