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Feb 06 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 # L58237

(3)

1. Corporation Name

THE PAVING STONE CO.

Principal Place of Business

1840 NW 33RD ST.  
SUITE 201  
POMPANO BEACH FL 33064  
US

Mailing Address

1840 NW 33RD STREET  
SUITE 201  
POMPANO BEACH FL 33064-1309  
US

3. Date Incorporated or Qualified

03/14/1990

3a. Date of Last Report

07/15/1996

4. FEI Number

65-0184886

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 1760 NW 22<sup>nd</sup> Ct  
City & State  
23 POMPANO BEACH/Florida  
Zip Country  
24 33069 25

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 1760 NW 22<sup>nd</sup> Ct  
City & State  
28 POMPANO BEACH/Florida  
Zip Country  
29 33069 30

9. Name and Address of Current Registered Agent

SIGOUIN, MAURICE F.  
1840 N.W. 33RD STREET, SUITE 104  
POMPANO BEACH FL 33064

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 D  
NAME SIGOUIN, MAURICE F.  
STREET ADDRESS 1840 NW 3RD ST., #201  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D  
NAME SIGOUIN, MAURICE F.  
STREET ADDRESS 1840 NW 33RD ST #201  
CITY-ST-ZIP POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
SIGOUIN Maurice F.  
1760 NW 22<sup>nd</sup> Court  
POMPANO BEACH, FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
SIGOUIN Maurice F.  
1760 NW 22<sup>nd</sup> Court  
POMPANO BEACH, FL

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

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

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

6.1 TITLE  
6.2 NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)