

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:41

DOCUMENT # M24415 (5)

1. Corporation Name
CEMENT WORKS, INC.

Principal Place of Business: **5534 NW 10 AVE., OAKLAND PARK FL 33309**
Mailing Address: **5534 NW 10 AVE., OAKLAND PARK FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21 3040 N.W. 23rd. AVE.**
2a. Mailing Address: **26 3040 N.W. 23rd. AVE.**

4. FEI Number: **59-2623976**
Applied For: Not Applicable

22. Suite, Apt., or P.O. Box: **BAY (NORTH)**
27. Suite, Apt., or P.O. Box: **BAY (NORTH)**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **FT. LAUDERDALE, FL.**
28. City & State: **FT. LAUDERDALE, FL.**

6. Excess Franchise Fee: **\$5.00 May Be Added to Fees**

24. Zip: **33311** 25. Country: **BROWARD**
29. Zip: **33311** 30. Country: **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MACCOURT, DONALD C.
401 NW 24 STREET
WILTON MANORS FL 33311**

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)

(If/If Not Registered Agent Signature Required When Transferring)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MACCOURT, DON
STREET ADDRESS	401 N.W. 24TH STREET
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	MACCOURT, PAT
STREET ADDRESS	401 NW 24TH STREET
CITY ST ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (17)(B)(A), 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 unchanged, or on an attachment with an address.

SIGNATURE *Donald C. MacCourt* **Donald C. MacCourt** **6/12/95** **(305) 730-8339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)