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PROFIT CORPORATION ANNUAL REPORT



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

1996

, , , , , , , ,	MENT # M7487 TY LINE SAND GRAVEL, IN	• • • • • • • • • • • • • • • • • • • •		# (Bå/abi) (II /Bai) b/ab/ (a)/ii 1000		ALANI ARAN MAN
Principal Place	of Business	Mailing Address				
2250 SW 66 TERRACE FT. LAUDERDALE FL 33317		2250 SW 66 TERRACE FT. LAUDERDALE FL 33317				
				3. Date Incorporated or Qualified	3a. Date of Last R	•
Principal Plan	ace of Business	2a. Mailing Address	<del></del>	04/01/1988 4. FEI Number	⊥ 06/12/19	95 Applied For
21		26. Walling Address		65-0050171		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired		Additional Required
City & State	}	City & State		6. Election Campaign Financing	<b>\$5.0</b>	O May Be
<b>23</b>   Zip	Country		Country	Trust Fund Contribution	A008	d to Fees
24	25	29	30	8. This corporation has liability for life Florida Statutes ☐ Yes	intangible tax under s	199.032,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	tegistered Agent	
MIZE, JACK K. 2250 SW 66 TERRACE FT. LAUDERDALE FL 33317			82 Street Ad 83 84 City	ddress (P.O. Box Number is Not Acceptab		o Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.050: ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statuti ida. Such change was authoriz	es, the above-named corred by the corporation's b	poration submits this statement for the pur oard of directors. I hereby accept the appr	pose of changing its rointment as registered	egistered office agent. I am
SIGNATURE _						<del></del>
SIGNATURE _	Signature, typed or printed name of registered agen		TE: Registered Agent signature req		DATE	
SIGNATURE _	Signature, typed or printed name of registered agen	NO sided the if applicable (NC	TE: Registered Agent signature req	ulred when reinstating)	DATE	
SIGNATURE _ 12. THE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD CAVO, JOHN D.	N and title if applicable (NC)	TE Registered Agent signature req 13. 1.1 TITLE 12 NAME	ulred when reinstating)	DATE ICERS AND DIRECTO	PRS IN 12
SIGNATURE _ 12. THE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD CAVO, JOHN D. 2250 SW 66 TERRACE	N and title if applicable (NC)	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ulred when reinstating)	DATE ICERS AND DIRECTO	PRS IN 12
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