SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Sep 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N03164

(3)

FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE IN

STITUTE, INC.												
Principal Plac	e of Business	Mailing Address						A MARINIAN AND RAILE AND	OLDE ANDNI ON	iis didii bibli s	ANDAN DIDIN UEDA	
ALPERT, BARKI 100 S ASHLEY TAMPA FL 336		ALPERT, BARKER & CALCUTT, PA 100 S ASHLEY DR. STE 2000 TAMPA FL 33602				\$ - I	DO NOT WRITE					
U\$		US					İ	 Date Incorporated or Qualified 05/18/1984 		ate of Last 03/05/19		
	lace of Business							4, FEI Number		 	Applied For	
21	4 ata	26	Suite, Apt. #, etc.					59-2402855			lot Applicable	
Sulte, Apt.	π, θισ.	27						5. Certificate of Status Desired			Additional Required	
City & State	θ	City &	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28	_ 					Trust Fund Contribution			to Fees	
Zip	· — —		Zip Cou			mtry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo				
24	25 25 Name and Address of Curre	29 ent Registered A	gent	30				10. Name and Address of New Ro			ZKNO	
					81	Name		10.				
AI PERT	, JONATHAN L. ESQ			· }	82	Stroot A	ddraac	s (P.O. Box Number is Not Accepta	blo\			
	O, ASHLEY TOWER		62			SHEEK M	uures	s (F.O. Box Number is 1901 Accepta	 			
	SHLEY DR				83							
TAMPA	FL 33 602				84	City		<u> </u>		85 Zip	Code	
					$oldsymbol{\perp}$				FL	. `	, ,	
11, Pursuant office or f	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli-	602 and 617,1508 te of Florida. Suct	, Florida Statut i change was a	es, the ab authorized	ove by	named on the corp	corpore oration	ation submits this statement for the is board of directors. I hereby acce	ourpose of pt the app	i changing pointment a	its registered s registered	
agent. I a	m familiar with, and accept the obli	gations of, Section	n 617.0503, Flo	orida Statu	utes.				,			
SIGNATURE .	=			é Barra								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS					Ager	nt eignature r	ednieg A	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIRECTO	DC IN 12	
TITLE	P		DELETE	13.	LE		P	ADDITIONS/OFFARGES TO OFFI	SEUR VILLE	Change		
NAME	SMITH, VICTOR	, •		1.2 NA	1.2 NAME		4	WORF AL				
STREET ADDRESS	6302 N 56TH ST			1.3 \$11	REET /	ADDRESS	636	NOORF AL NORTH SETT	ST.			
CITY-ST-ZIP	TAMPA FL			1.4 CIT	Y-ST	r-ZIP	TA	MRA, FL				
TITLE			DELETE	2.1 TITLE			VP			Change	Addition	
NAME	HEINDORF, AL			2.2 NAME		1		AN ROMEE				
STREET ADDRESS	6302 NORTH 56TH ST			2.3 ST	REET /	ADDRESS	22	CH, BEUEE OI NORTH 56 DA 57	ب			
CITY-ST-ZIP	TAMPA FL			2.4 CI	TY-S	T-ZIP	77	MPR, FZ				
TITLE	8		DELETE	3.1 TIT	ŧΕ		Ċ,			Change	Addition	
NAME	REI CH, BRUCE			3.2 NA	ME		.5c.	HOEN BORN. HARVE	0			
STREET ADDRESS	6301 NORTH 56TH ST.			3.3 ST	REET A	ADDRESS	21	HOENBORN, HARVL 15 SUMMPRALE EARWATER, FL HULTZ, LNWOOZ	BLUD			
CITY-ST-ZIP	TAMPA FL			3.4. CI	TY-S	T-ZIP	CL	EARWATER, FL				
TITLE	T		☐ DELĒTĒ	4.1 TIT	LE		ブ			Change	Addition	
NAME	SCHOENBORN, HAROLD			4. 2 NA	ME		5c.	HULTZ, LNWOOZ	,			
STREET ADDRESS	2185 SUNNYDALE BLVD					ADDRESS	<u> 201</u>	E KENNADY BLU	D			
CITY-ST-ZIP	CLEARWATER FL		DELETE.	4.4 CIT		I-ZIP	IA	bura, Fl		TT 0	Audera	
TITLE	0		DELETE	5.1 TIT		-	D			Change	Acidition	
NAME	TIBBETT, MIKE			5.2 NA				ODSON, WILLIAM				
STREET ADDRESS	3000 46TH AVE N							19 W LAUREC :	, 7 .			
CITY+ST-ZIP	ST PETERSBURG FL		DELÉTE	5.4 C/T	_	I - ZIP	ZR	MPA, FL		Change	Addition	
TITLE	D		M ACTELE	6.1 TIT		ŀ	<i>U</i> .	ma ar dans		— criange	Accidion	
NAME STREET ANORESS	SCHULTZ, LINWOOD	.		6.2 NA		ADDRESS	FIC	BRIDE, YERRY				
A PARTIE A PROPERTY I	erre e removille el vil e al			■ D3 N	nee i i	AUUNTAN I	10 E 1	, , , , , , , , , , , , , , , , , , ,				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section Information indicated on this annual report or supplemental annual report is true and accurate and that my signal am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required appears in Block 12 or Block 13 if changed, or on an attachment with an address. Section 19.07(3)(i), Fiorida Statutes. I further certify that the signature shall have the same legal effect as if made under oath; that required by Chapter 617, Florida Statutes; and that my name