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**Feb 19, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # N19668

1. Corporation Name
ASBESTOS WORKERS LOCAL 60 HOLDING COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROBERT A. SUGARMAN<br>13000 NW 47 AVENUE<br>OPA LOCKA FL 33054 | C/O ROBERT A. SUGARMAN<br>13000 NW 47 AVENUE<br>OPA LOCKA FL 33054 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip 4 Country 25 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip 29 Country 30 | 3. Date Incorporated or Qualifed<br>03/13/1987<br>4. FEI Number<br>59-0731419 ☐ Applied For ☐ Not Applicable<br>5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

9. Name and Address of Current Registered Agent

BRYON STEVENS
13000 NW 47 AVE.
OPA-LOCKA FL 33054

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRYON STEVENS | | 1.2 NAME | | |
| STREET ADDRESS | 13000 NW 47TH AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OPA-LOCKA FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LINEBACK, DON | | 2.2 NAME | | |
| STREET ADDRESS | 13000 NW 47 AVE. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OPA LOCKA FL | | 2. 4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KNOWLES, LARRY | | 3.2 NAME | | |
| STREET ADDRESS | 13000 NW 47TH AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OPA LOCKA FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LORENZ, MARK | | 4. 2 NAME | | |
| STREET ADDRESS | 13000 NW 47TH AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OPA LOCKA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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 617, 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:** Bryon Stevens SIGNATURE REQUIRED 1/31/99 305-681-0629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #