

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P06094** (7)

1. Corporation Name

**ANGELO'S CRUSHED CONCRETE, INC.**



Principal Place of Business

**26400 SHERWOOD AVENUE  
WARREN MI 48091**

Mailing Address

**26400 SHERWOOD AVENUE  
WARREN MI 48091**

3. Date Incorporated or Qualified <b>05/17/1985</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>38-1913141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**ROBERT WILLIAMS  
380 WEST ALFRED STREET  
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person submitting report (required for all filings)

Signature of Registered Agent (required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	
NAME	IAFRATE, ANGELO	1.2 NAME	
STREET ADDRESS	1719 GUNN RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ROCHESTER MI	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	
NAME	IAFRATE, DOMINIC	2.2 NAME	
STREET ADDRESS	1528 STONY CREEK DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ROCHESTER MI	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	
NAME	IAFRATE, ANGELO, JR.	3.2 NAME	
STREET ADDRESS	1089 POINTE PLACE COURT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ROCHESTER MI	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 Section 119.07(3)(k), 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 officer 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

Telephone Prefix

1/20/96

810-756-1070

CR2E034 (12/95)