

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P92000010400 (9)
 1. Corporation Name

ARTRON MASONRY, INC.



Principal Place of Business

Mailing Address

6734 N.W. 4TH STREET
MARGATE FL 33063
US

11030 WILES ROAD
SUITE 105
CORAL GABLES FL 33065

2. Principal Place of Business

2a. Mailing Address

21 11030 Wiles Rd.

26 11030 Wiles Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 105

27 105

City & State

City & State

23 Coral Springs, FL

28 Coral Springs FL

Zip

Country

Zip

Country

24 33065

25 Broward

29 33065

30 Broward

9. Name and Address of Current Registered Agent

MOWER, RONALD
11030 WILES RD. #105
SUITE E-207
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when re-statuting.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P
MOWER, RONALD C
7771 SW 1ST STREET
MARGATE FL 33068-1211

TITLE NAME ☐ DELETE

VS
ERB, ARTHUR L
7771 SW 1ST STREET
MARGATE FL 33068-1211

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME Mower, Ronald C.

13 STREET ADDRESS 6734 NW 4th St

14 CITY - ST - ZIP Margate, FL 33063

21 TITLE VS ☒ Change ☐ Addition

22 NAME Arthur L. Erb

23 STREET ADDRESS 8425 NW 46th

24 CITY - ST - ZIP Coral Springs, FL 33065

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald C. Mower

6-7-96

(854) 753-7300

CR2E034 (3/96)