

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000010400 (9)**

1. Corporation Name

ARTRON MASONRY, INC.



Principal Place of Business

Mailing Address

**11030 WILES RD
SUITE 105
CORAL SPRINGS FL 33065
US**

**11030 WILES RD
SUITE 105
CORAL SPRINGS FL 33065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1992

4. FEI Number

65-0374740

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 11030 Wiles Rd

Suite, Apt., etc.

22 Suite 101

City & State

23 Coral Springs, FL

Zip

24 33076

Country

25 U.S.A.

2a. Mailing Address

26 11030 Wiles Rd.

Suite, Apt., etc.

27 Suite 101

City & State

28 Coral Springs, FL

Zip

29 33076

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Ronald Mower

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

11030 Wiles Rd. #101

83

Coral Springs FL

84 City

FL

85 33076

11. Pursuant to the provisions of Sections 607.0505 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 and name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-19-98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MOWER, RONALD C**
STREET ADDRESS **6734 NW 4TH ST**
CITY-ST-ZIP **MARGATE FL**

TITLE **VS** ☐ DELETE

NAME **ERB, ARTHUR L**
STREET ADDRESS **8425 NW 48 DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 receiver-manager appointed 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

6-19-98

(954) 753-7388

CR2E034 (10/97)