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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014544 (0)

SOUTHMARK CONCRETE RESTORATION SERVICES INCORPOR ATED

Principa	l Place	of	Business

Mailing Address

5796 CADILLAC DR LAKE WORTH FL 33463 5796 CADILLAC DR

FILED Mar 14 1997 8:00am Secretary of State



LAKE WORTH	FL 334 63	LAKE WORTH FL 33463-6	816							
						3.	Date Incorporated or Qualified 12/21/1992		nte of La 01/199	st Report
	lace of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26					65-0383922			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5.	5. Certificate of Status Desired				
City & State	e	City & State				6.	Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Zip	Country	Zip	Cou	ntry		В.	This corporation has liability for			er s. 199.032,
24	25	29	30					Yes [
	9. Name and Address of Curren	Registered Agent		0.4	Ninn	10.	Name and Address of New Re	gistered .	Agent	
	ARA, PATRICK M			В	Name					
	DATURA ST			82	Street Ac	doress (f	O. Box Number is Not Acceptate	ole)		
	TE 100 ST PALM BEACH FL 33401			83						
WES	OI PALM BEAUTI PL 33401			00						
				84	City			FI	85	Zip Code
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	and 607,1508, Florida Statu of Florida, Such change was	ites, the at authorized	g by pove	named co	orporation's	on submits this statement for the placed of directors. I hereby access	ourpose of	changir ointmen	ng its registered t as registered
agent. I ai SIGNATURE	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes	ì. ·		, ,	.,		
	Signature, typed or printed name of regestricid age-			ngA b	nt signature rec			DATE		
12.	OFFICERS AND		13.		T		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DPS MALINO	[] DELETE	1.130						Chan	nge 🔲 Addition
NAME	ESKELINEN, MAUNO 5796 CADILLAC DR		1,2 NA							
STREET ADDRESS			- 6		ADDRESS					
CITY-ST-ZIP TITLE	LAKE WORTH FL 33463	DELETE	1.4 CI 2.1 TII		1 - ZIP				Char	nge Addition
NAME	KIVELA, WILLIAM D		2.1 III 2.2 NA		1				L Chai	iñe FT Vandan
STREET ADDRESS	WHEELER RD				ADDRESS					
CITY-ST-ZIP	NEW IPSWICH NH 03071				1 - ZIP					
TITLE	V	DELETE	3111		11 - 21/				Chan	nge Addition
NAME	MANGES, KENNETH L		3.2 NA							<u> </u>
STREET ADDRESS	880 BE 9TH ST, #3R				ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CI	17 - S	3 - 712					
TITLE		DELETE	4.1 TIT	i.E					☐ Chan	nge 🔲 Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 \$1	HEET.	ADDRESS					
CITY-ST-ZIP	_		4.4 CI	1Y-\$1	1 - Z(P					
TITLE		DELETE	5.1 111	ILE.					Char	nge
NAME			5.2 NA	ME			•			
STREET ADDRESS			5.3 S1	REEL:	ADDRESS					
CITY-ST-ZIP			5.4 CII	1Y-\$1	I - 21P					
TITLE		DELETE	6.1 711	LF.					Chan	nge 🔲 Addition
NAME			6.2 NA	MF						
STREET ADDRESS			6381	REET	ADDRESS					
CITY-ST-ZIP			6.4 Ci				17 40 10			
14 I do hereh	out cortily that the information sumplied	with this filing does not augl	ify for the	ovor	onton stat	ted in Sc	ection, 119 07(3)(i), Florida Statuto	e I further	corldy	hat the

• To delegible details in an intermining supplied with trust intig does not quality 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE MILLEY 16 GM

3/10/07

571-1120-1771