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.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000006830	(2)
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1. Corporation I	SON MASONRY, INC.	000000 (2)				
Principal Place		Mailing Address 13221 57TH PL ROYAL PALM BEACH F	1 77411			ile Basis Büsin Baldı faidə alili Addı (Ağı
ROYAL PALM B	SEACH FL 33411	NOTAL PALM DEACH F	L 33411		3. Date Incorporated or Qualified	3a. Date of Last Report
					01/28/1993	07/11/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
:1		26			65-0388528	Not Applicable \$8.75 Additional
Suite, Apt #.	, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	Fee Required
2 Ch. P. Chata		City & State			Election Campaign Financing	, \$5.00 May Be
City & State		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coul	ntry	8. This corporation has liability for	
4	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egistered Agent
WISE, RONALD G SR.			1	81 Name	<u></u>	
	21 57TH PL			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	AL PALM BEACH FL 33411		ŀ	83		
			ĺ			
				84 City		FL 85 Zip Code
SIGNATURE 12.	Signature typed or printed name of registered a	gent and title if applicable (N	IOTE Registere:	t Agent signarure requ	ared when revisial right. ADDITIONS/CHANGES TO OFFI	DAIL ICERS AND DIRECTORS IN 12
TITLE	PO	DELETE	1171	TLF		Change Addition
NAME	WISE, RONALD G SR.		1.2 N	AME		
STREET ADDRESS	13221 57 PL		135	TREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 3	3411		TY-ST-ZIP		Change Additio
TITLE		DELETE	2 1 11			Change Addition
NAME			22 N	i		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE	317	ITY - ST - ZIP		Change Additio
TITLE			32 N			
NAME STREET ADDRESS				TREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE		DELETE	411	ITLE		Change Additio
NAME			4 2 1	NAME		
STREET ADDRESS			435	TREET ADDRESS		
CITY-ST-ZIP				CITY - ST - ZIP		Change Addit o
TITLE		DELETE	517			Lil Strange Lil 1694
NAME			521	Į.		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		DELETE		CITY-ST-ZIP CITLE		Change Addit.o
TITLE		L. Jetter	1	NAME		
NAME STORES ADDOCCO				STREET ADDRESS		
STREET ADDRESS			6.41	PITV - ST - 7IP		
CITY - ST - ZIP	and the information curr	shed with this filing is voluntarily	v turnished	and does not Qu	ialify for the exemption stated in Section	n 119 07(3)(k), Florida Statutes □

SIGNATURE:

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 logal 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.

GNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.