

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortman,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000018380 (4)**

1. Corporation Name

GERBER BROTHERS MASONRY CONSTRUCTION, INC.



Principal Place of Business

**1737 NE 15 STREET
FT LAUDERDALE FL 33304**

Mailing Address

**1737 NE 15 STREET
FT LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21 **8930 S.R. 84**

26 **8930 S.R. 84**

State, Apt. #, etc.

State, Apt. #, etc.

22 **# 105**

27 **# 105**

City & State

City & State

23 **Ft. Lauderdale, Fl.**

28 **Ft. Lauderdale, Fl.**

Zip

Zip

24 **33326**

29 **33326**

25 **Broward**

30 **Broward**

9. Name and Address of Current Registered Agent

**MCGONIGLE, JAMES T
6221 BANYAN TERRACE
PLANTATION FL 33317**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.010 and 607.011, Florida Statutes, the above named corporation has submitted 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 Sections 607.010 and 607.011, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY, ST, ZIP
PD GERBER, JEFF	1737 NE 15 STREET FT LAUDERDALE FL 33304	
PD GERBER, DAVE	1737 NE 15 STREET FT LAUDERDALE FL 33304	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY, ST, ZIP

14. I hereby certify that the information given with this report is true and correct to the best of my knowledge and belief. I am a duly qualified officer or director of the corporation and I am familiar with and accept the obligations of Sections 607.010 and 607.011, Florida Statutes, and that my name appears in Book 12 or Book 13 of the public records with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 954-389-6274

CR2E034 (12/95)