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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P9300(	0019828 (1	)		
	E & MARBLE CONTRACTO	•	•		
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ļ					
Principal Place	e of Business	Mailing Address	·		J## #8#81 (0)  0   0
J '		•			
5972-B SW 40 FT LAUDERD	OIN AVE ALE FL 33312	5972-B SW 40TH AVE FT LAUDERDALE FL 3			
US		US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
		···		03/16/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap1.	# 010	Suite, Apt. #, etc.		65-0403985	Not Applicable
<b>⊢</b> ¬	w, etc.	— · · ·		<b>5.</b> Certificate of Status Desired	\$8,75 Additional Fee Required
City & State	a	City & State		e Floring Compaign Figureins	
23	9	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
ко	FSKY, DAVID A CPA		B1 Name		
3440 HOLLYWOOD BLVD			62 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021					
			83		•
			84 City		85 Zip Code
				<b>FL</b>	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta of Florida, Such channe we	tutes, the above-named co	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap-	of changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Statutes.	ations board or directors. Thoroby about the ap-	some north do registeres
SIGNATURE					
Signature, typed or printed name of registered agent and fille if applicable. (NOT 12. OFFICERS AND DIRECTORS		OTE: Registered Agent signature res	quired when reinslating) DATE  ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF FIGERS AN	Change Addition
NAME	INFANTINO, FRANK	_	1.2 NAME		
STREET ADDRESS	2100 N 56TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 City-St-ZiP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		_
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-21P			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		162/
STREET ADDRESS			5.3 STREET ADDRESS	`	//() o / \
CITY-ST-ZIP			5.4 CITY - ST - ZIP		10/0
TITLE	-	L DELETE	6.1 TITLE	والمرافر فقد القبر الأسار والمدن والمدني والمدني والمدني والمدني	☐ Change ☐ Addition
NAME			6.2 NAME	9000024443; -03/02/38011250	
STREET ADDRESS			6.3 STREET ADDRESS	~U3/U2/38~~U1].25~~U	J5

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 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.

\*\*\*150.00