

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000044672 (2)**

1. Corporation Name

CONCRETE PRESERVATION, INC.



Principal Place of Business 13180 N. CLEVELAND AVE SUITE 230- STE 100 N FT MYERS FL 33908- US	Mailing Address P O BOX 4206 STE 100 N FT MYERS FL 33912-4206- US
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3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 04/11/1996
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2. Principal Place of Business 21 16520 S Tamiami Trail Suite, Apt. #, etc. 22 215 City & State 23 Fort Myers, FL Zip 24 33908 Country 25	2a. Mailing Address 26 16520 S. Tamiami Trail Suite, Apt. #, etc. 27 Suite 215 City & State 28 Fort Myers, FL Zip 29 33908 Country 30
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4. FEI Number 65-0419929	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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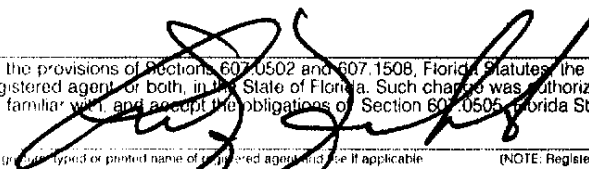
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KAYUSA, MICHAEL F ESQUIRE 1922 VICTORIA AVENUE SUITE A FT. MYERS FL 33901

10. Name and Address of New Registered Agent 81 Name LEON F. FREDERICK 82 Street Address (P.O. Box Number is Not Acceptable) 9051 ALENA CT. NW 83 84 City NORTH FORT MYERS FL 85 Zip Code 33903

11. Pursuant to the provisions of Sections 607.0502 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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PV <input type="checkbox"/> DELETE
NAME	FREDERICK, LEON F
STREET ADDRESS	9051 ALENA CT. NORTHWEST
CITY-ST-ZIP	N. FT. MYERS FL 33903
TITLE	T <input type="checkbox"/> DELETE
NAME	FREDERICK, LINDA A
STREET ADDRESS	9051 ALENA CT. NORTHWEST
CITY-ST-ZIP	N. FT. MYERS FL 33903
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 amendment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)