

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068331 (6)

1. Corporation Name

DECORATIVE CONCRETE DESIGNS OF CENTRAL FLORIDA,
INC.

Principal Place of Business

203 RIVERWAY DR.
VERO BEACH FL 32963

Mailing Address

203 RIVERWAY DR.
VERO BEACH FL 32963



3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 1163 19th St

26 1163 19th St

4. FEI Number

59-3217647

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Vero Beach FL

28 Vero Beach FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 32960

25 Indian Riv

29 32960

30 Indian Riv

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALEK, JOHN M
203 RIVERWAY DR.
VERO BEACH FL 32963

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 607.0502 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

John M. Malek

John M. Malek Registered Agent

04-22-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANCIS, JOSEPH	
STREET ADDRESS	203 RIVERWAY DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MALEK, BARBARA A	
STREET ADDRESS	203 RIVERWAY DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, R. KEITH	
STREET ADDRESS	865 LANCE ST.	
CITY-ST-ZIP	SEBASTIAN FL 32963	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	862 Lance St
1.4 CITY-ST-ZIP	Sebastian FL 32958
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 checked="" type="checkbox"/> Addition
3.2 NAME	DV Francis, Christine
3.3 STREET ADDRESS	862 Lance St
3.4 CITY-ST-ZIP	Sebastian FL 32958
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 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 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, changed, or on an attachment with an address.

SIGNATURE: *John M. Malek*

John M Malek

04-22-96

407-567-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)