

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000053179 (5)

1. Corporation Name

ALL AMERICAN CONCRETE CUTTING CO. OF ORLANDO, IN C.



Principal Place of Business

Mailing Address

**9797 S ORANGE BLOSSOM TRAIL. #8
ORLANDO FL 32837**

**9797 S ORANGE BLOSSOM TRAIL. #8
ORLANDO FL 32837**

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, BEVERLY
501 N.W. 103 AVENUE
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WALLACE, BEVERLY**
STREET ADDRESS **501 N.W. 103 AVE.**
CITY-STATE-ZIP **PLANTATION FL**

TITLE **VP** ☐ DELETE

NAME **DENUNZIO, CARL**
STREET ADDRESS **5253 NW 55TH TERR**
CITY-STATE-ZIP **COCONUT CREEK FL**

TITLE **VP** ☐ DELETE

NAME **WALLACE, RODNEY L**
STREET ADDRESS **501 NW 103RD AVE**
CITY-STATE-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ST
Goodwin, Jana D.
11085 NW 39th St., #303
Sunrise, FL 33351

☐ Change: ☒ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Beverly Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Beverly Wallace, President

04/25/96

954-735-7100

Date

Daytime Phone #

CR2E034 (12/95)