

5-9-97 B-6834 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000063085 (2)**

1. Corporation Name

SOUTHERN CONCRETE & FRAME, INC.

Principal Place of Business

**12201 NW 31ST STREET, BAY 3317/337
CORAL SPRINGS FL 33065**

Mailing Address

**12201 NW 31ST STREET, BAY 3317/337
CORAL SPRINGS FL 33065**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/24/1994		3a. Date of Last Report 06/14/1996	
21 12201 NW 35 ST		26 12201 NW 35 ST BAY		4. FEI Number 65-0517335		Applied For Not Applicable	
22 BAY 337		27 BAY 337		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 CORAL SPRINGS FL		28 CORAL SPRINGS FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33065		29 33065		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GAROFALO, KEITH 12201 NW 31ST STREET, BAY 3317/337 CORAL SPRINGS FL 33065				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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAROFALO, KEITH			1.2 NAME			
STREET ADDRESS	12201 NW 31ST STREET, BAY 3317/337			1.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL 33065			1.4 CITY - ST - ZIP			
TITLE	Vice President	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Tom Gephfuch			2.2 NAME			
STREET ADDRESS	11636 NW 27 ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRING FL 33065			2.4 CITY - ST - ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Tom Gephfuch			3.2 NAME			
STREET ADDRESS	11636 NW 27 ST			3.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRING FL 33065			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)