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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000074218 (6)

PAVER MOTION, INC.

1998

Principal Place of Business
559 NW 39TH AVE

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a, Mailing Address

Suite, Apt. #, etc.

559 NW 39TH AVE DEERFIELD BEACH FL 33442

FILED Mar 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualified

10/10/1994 FEI Number

65-0535481

5. Certificate of Status Desired

26		[27]					
City & State Crty & State 28			ite			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24]	Country 25	Zip 29	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes	
-7]		e and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
					Name		
BUCCAFUSCO, RAYMOND							
559 NW 39TH AVE DEERFIELD BEACH FL 33442				82 Street Address (P.O. Box Number is Not Acceptable)			
ι	DEENFIELD DEACH FL 33442			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 agont, 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 Structure types of protect name of registered agent agent flee if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	10	Di	ELETE 1	.1 TITLE	•	Change Addition	
NAME	BUCCAFUSCO, RAYMOND		1.	2 NAME	İ		
STREET ADDRES	*** · · · · · · · · · · · · · · · · · ·			3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.	4 CITY-S	T-ZIP	,	
TITLE	VP	□ i		.1 TITLE		☐ Change ☐ Addition	
NAME	GUERASIO, JOHN		. 2	2 NAME	Ī		
STREET ADDRESS			2	3 STREET	ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.	4 CITY - S	T-ZIP		
TITLE	S	DI	ELETE 3.	1 TITLE		Change Addition	
NAME	MARCONI, CHARLES		3.	2 NAME	l		
STREET ADDRESS	s 767 RIVER DELL RD		3.	.3 STREET	ADDRESS		
CITY-ST-ZIP	ORDELL N.		3.	4. CITY-S	T-ZIP		
TITLE		DI	ELETE . 4.	1 TITLE		☐ Change ☐ Addition	
NAME			4.	2 NAME	İ		
STREET ADDRESS	s		4.	3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>			4 CITY - S	r- ZIP		
TITLE		□ De	ELETE 5.	1 TITLE	Ţ	Change Addition	
NAME			5.	2 NAME	-		
STREET ADDRESS	s		5.	3 STREET	ADDRESS		
CITY-ST-ZIP				4 CITY-S	r-ZIP		
TITLE		DI DI	ELETE 6.	1 TITLE		Change Addition	
NAME			6.	2 NAME			
STREET ADDRESS	s		6.	3 STREET	ADDRESS		
CITY-ST-ZIP				4 CITY-SI			
indicaté officer d	ed on this annual report or cumplement	al annual report is true eiver or trustee empoy	and accurate vered to execut	and the	it my siar	d in Section 119.07(3)(i), Florida Statutes. I further certify that the Information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	