PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 08, 1999 8:00 am Secretary of State

\$ 1.00 miles

05-08-1999 90031 045 ***150.00

| DOCUMENT # 1. Corporation Name | P94000074218 |
|---------------------------------|--------------|

PAVER MOTION, INC.

| Principal Plac | e of Business | Mailing Address | | | f fill aft fall fill fil fill an tien an in an | 111 ISBN 11818 118 | | |
|--|--|--|---------------------------|---------------|--|--------------------|---|----------------|
| 559 NW 39TH AVE 559 NW 39TH AVE DEERFIELD BEACH FL 33442 US US | | | 2 | | DO NOT WRITE IN TH | IIS SPACE | | |
| 03 | • | | | | 3. Date incorporated or Qualifed | | | 1 |
| l | | | | | 10/10/1994 | | | l |
| 2. Principal P | Pace of Business | 2a. Mailing Address | | | 4. FEI Number | A | pplied For | |
| 21 | | 26 | | | 65-0535481 | N | ot Applicable |] |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | • | Additional laquired |) |
| City & Stat | le | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be | 1 |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees | <u>]</u> |
| Zip | Country | Zip 29 3 | Country | f | This corporation owes the current year Personal Property Tax. | Intangible Ves | □No | |
| 241 | 9. Name and Address of Currer | | ~ | | 10. Name and Address of New Registers | d Agent | |] |
| | | | 81 | Name | | | | 1 |
| BUC | Cafusco, raymond | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | - | | 1 |
| | NW 39TH AVE | | | 3000.700 | | | | 1 |
| DEE | RFIELD BEACH FL 33442 | | 83 | | | | | l |
|] | | | 84 | City | | . 85 Zip | Code | 1 |
| j | | • | | | <u></u> <u></u> F | L | | 1 |
| 11. Pursuant office or a agent. I a SIGNATURE | registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was autitions of, Section 607.0505, Florid | norized by da Statuter | the corporati | poration submits this statement for the purpose on's board of directors. I hereby accept the appearance of when reinstating) OATE | ointment as r | egistered | ١ |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | ğ |
| TITLE | P | OELETE | 1.1 TITLE | | | ☐ Change | Addition | R2E034 (11/98) |
| NAME | BUCCAFUSCO, RAYMOND | | 1.2 NAME |] | | | | 2 |
| STREET ADDRESS | 12902 HYLAND CIRCLE | | 1.3 STREE | TADORESS | | | | [|
| CITY-ST-ZIP | noor organist | | 1.4 CITY-S | rī-zae | | | | ļ ŝ |
| TITLE | VP □ DELETE | | 2.1 TITLE | | | Change | Addition | ١٠ |
| HAME | GUERASIO, JOHN | | 2.2 NAME | | | | | 1 |
| STREET ADDRESS | 559 NW 39TH AVE | | 23 STREE | TADORESS | | | | |
| CITY-ST-ZIP | TT-ZIP DEERFIELD BEACH FL. 2. | | 2.4 CITY- | ST-ZIP | | | - 4 A479 | Į |
| TITLE | S | ☐ DELETE : | | 1 | | Change | ☐ Addition | 1 |
| NAME | MARCONI, CHARLES | | 3.2 NAME | | | | | 1 |
| STREET ADDRESS | I . | | 3.3 STREE | TADORESS | _ | | | l |
| CITY-ST-ZIP | ORDELL N. | | 3.4. CITY-5 | ST-ZIP | | ☐ Change | Addition | 1 |
| TITLE | TRES- NATHANIA 6 0 6 360 W. 36 PST N. V. N. V. 10018 | -101 dano DELETE | 4.1 TITLE | | | Committee | |] |
| NAME | NATHANIA I | , | 4.2 NAME | | | | | |
| STREET ADDRESS | 360 W 36"51 | - | i i | TADORESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S 5.1 TITLE | T-ZP | | Change | ☐ Addition | 1 |
| TITLE | · | □ nere is | 5.1 HILE 5.2 NAME | | | | _ · · · · · · · · · · · · · · · · · · · | 1 |
| NAME | 1 | | E | | | | | |

CITY-ST-ZIP 14. 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 prinaged, or on an attachment with an address with all other like empowered.

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

&1 TILE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

THLE

NAME

DELETE

Change

Addition