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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996	COUNTY OF THE PARTY OF THE PART	DIVISION OF CORPORATIONS			
OCUMENT # P9400091643 (4) Corporation Name					
TWO GUYS CONCR	ETE SERVICES, INC.				
Principal Place of Business	Mailir	ng Address			
8351 N.W. 39TH COURT SUNRISE FL 33351		i N.W. 39TH COURT NRISE FL 33351			
2. Principal Place of Business	2a. N	lailing Address			
21	26				
Suite, Apt. #, etc.	S 27	uite, Apt. #, etc.			
City & State		itv & State			



SUNRISE FL	33351	SUNRISE FL 33351					
					3. Date Incorporated or Qualified 12/19/1994	3a. Date of L 05/01	ast Report /1995
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0543143		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	├ ¬	ountry	8. This corporation has liability for i		ders 199.032,
24	25	[29]	30		Florida Statutes Yes 10. Name and Address of New R	£	
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New H	egistered Agei	<u> </u>
	IN, GARY B			82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
2630 N.C SUITE 10	E. 203RD ST.			83			
	MIAMI BEACH FL 33180						
NONIN	MIAMI DEACH FL 33160			84 City		FL 8	Zip Code
		Control Florida Control			ation submits this statement for the pur		a ite registered offic
	Signature, typed or printed name of registered agen			red Agent signature required		DATE	ECTOPS IN 13
12.		D DIRECTORS	13		ADDITIONS/CHANGES TO OFF	TOERS AND DIR	
THLE	DPT Vonnoh, george Jr.	☐ DELÉTE		1 TITLE			Iarige [] Addition
NAME	9351 N.W. 39TH COURT			NAME			
STREET ADDRESS	SUNRISE FL 33351			STREET ADDRESS			
CITY-ST-ZIP TITLE	DVS	[] DELFTE		CITY-ST-ZIP 1 TITLE		LJ C	hange
NAME	MARENGO, MIKE		1	NAME			-
STREET ADDRESS	9351 N.W. 39TH COURT		2.3	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33351		24	COTY-ST-ZIP			
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TITLE		☐ DELEJE		1 TITLE		[] €	hange
NAME				2 NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	[64	4 CHY-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 cath; 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 an an attack much with an address.

SIGNATURE:

Charle AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20.96

(PSA) 5724275

CR2E034 (12/95)