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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500000340 (6)

CONSTRUCTION MATERIAL SPECIALTIES, INC.

Principal Place of Business			Mailing Address				-{	# 0 P P P P P P P P P P P P P P P P P P	
10456 W. ATLANTIC BLVD 10456 W ATLANTIC			0456 W ATLANTIC BLVD ORAL SPRINGS FL 3307 S						
							 Date Incorporated or Qualified 01/03/1995 	3a, Date of Last Report 05/09/1996	
Principal Place of Business The Principal Place of Business			2a. Mailing Address 26				4. FEI Number 65-0545580	Applied Fo Not Applied	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$0.75 Additions	
22			27				5. Certificate of Status Desired	Fee Required	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be	
23			Zip Country				Trust Fund Contribution	Added to Fees	
Zip	Country 25				ınıry		8. This corporation has liability for in Florida Statutes	y for intangible tax under s. 199,032,	
24]	9. Name and Address of Current	[29] Regis					10. Name and Address of New Reg		
CRA	MMER, EDWIN L				81	Name			
	I N UNIVERSITY DR #318				82	Street Addre	ess (P.O. Box Number is Not Acceptable	a)	
SUNRISE FL 33351					02	Street Addie	ess (F.O. Box Number is Not Acceptable	<i>G</i> /	
					83				
					84	City		FL 85 Zip Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 6	307.1508, Florida Statut	os, the a	bove bove	-named corps	oration submits this statement for the pu	rpose of changing its registe	ered
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 Slatutes.									
SIGNATURE	Signature, typed or profiled name of registered agen	Land like	(NOI)	F Registore	c And	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·		13.	- rige	THE BIGUISTS OF THE STATE OF TH	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	········	DELETE	1.1 7	ΠLE			Change Add	dition
NAME	WERNER, JERRY			1.2 N	AME.	Ì			
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CITY-ST-ZIP	CORAL SPRINGS FL 33071			→	ITY- \$1	r-ziP			
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NAME	LARKIN, NATHAN			2.2 N					
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NAME	KNYSH, ANDREW		L. Detet	3.2·N		}		En outlings En Auto	JillOst 3
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NAME	WERNER, ALFRED			4.21	NAME	}		·	ì
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name	GANT, JOHN			52N	AME	·			
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CITY-ST-ZIP	CORAL SPRINGS FL 33071		brette	5.40		1 - Z)f°		T 65	litie -
TALE			DELFTE	6.1				L Change L Add	ntion
NAME				6.2 N		ALERICO I			
STREET ADDRESS				6.3		ADDRESS	:		
CITY-ST-ZIP	by certify that the information supplied	with t	his filipa does not quali	6.4 t fy for the	r - \$1 :xe:	1 · ZIP mption stated	in Section 119.07(3)(i), Florida Statutes	. I further certify that the	
14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental armyal report is true and iccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the compination or the receiver true to empowered to receive this report as required by Chapter 607, Florida Statutes; and that my name									

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May 06 1997 8:00am

Secretary of State