

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025953 (7)

1. Corporation Name

ASPHALT SYSTEMS, INC.



Principal Place of Business

1291-A SOUTH POWERLINE RD
SUITE 313
POMPANO BEACH FL 33069

Mailing Address

1291-A SOUTH POWERLINE RD
SUITE 313
POMPANO BEACH FL 33069

2. Principal Place of Business

2a. Mailing Address

21 2440 NW 16 St.
Suite, Apt. #, etc.

26 2440 NW 16 St.
Suite, Apt. #, etc.

22 City & State
23 Pompano Beach, FL

27 City & State
28 Pompano Beach, FL

24 Zip 33069 25 Country USA

29 Zip 33069 30 U.S.A.

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

4. FEI Number

65-0569913

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LAURELLA, ANDREW J
1291-A SOUTH POWERLINE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Andrew J. Laurella
83 Street Address (P.O. Box Number is Not Acceptable)
2440 NW 16 St.
84 City
Pompano Beach FL 85 Zip Code
33069

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 the if applicable.

Andrew J. Laurella, Director

3/12/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAURELLA, ANDREW J
STREET ADDRESS 1291-A SOUTH POWERLINE RD SUITE 313
CITY- ST- ZIP POMPANO BEACH FL 33069

1.1 TITLE D
1.2 NAME Andrew J. Laurella
1.3 STREET ADDRESS 2440 NW 16 St.
1.4 CITY- ST- ZIP Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE S
2.2 NAME Kim Laurella
2.3 STREET ADDRESS 2440 NW 16 St.
2.4 CITY- ST- ZIP Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- 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 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

3/12/96

DATE

954-970-0380

Daytime Phone #

CR2E034 (12/95)