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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000038467 (3)

PAVE-TECH, INC.

Principal Place of Business Mailing Address 5505 SE AULT AVENUE PO BOX 1323 PALM CITY FL 34991-6323 STUART FL 34997 ЦŜ 3a. Date of Last Report 3. Date Incorporated or Qualified 05/15/1995 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0587411 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country $Z_{\rm IP}$ Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WAXLER, CAROL S 73 S.W. FLAGLER AVENUE Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 A4 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTE Registered Agent signature required when reinstating) Signation, type for printed name of registered agent and otto diapplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change ... Addition भार 1.1 TITLE PResiden BAILEY, ERIC ERIC B. NAME 1.2 NAME io. Ranihito St. 5505 SE AULT AVENUE 1.3 STREET ADDRESS STREET ADDRESS STUART FL 34997 1.4 CITY - ST- ZIP CITY ST. ZiP DELETE Addition 21 TITLE TIFLE PΝ RASTRELLI. ALFRED J 22 NAME NAM 5505 SE AULT AVENUE 2.3 STREET ADDRESS STREET ADDIRESS STUART FL 34997 2.4 CITY-ST-ZIP City-St 2iP Change DELETE Addition THE STD 3.1 TITLE NAME RASTRELLI, MARLENE 3.2 NAME 5505 SE AULT AVENUE STREET ADORESS 3.3 STREET ADDRESS STUART FL 34997 3.4. City - \$1 - ZiP C:Fr-ST-ZiP DELETE Change Addition THEF 4.1 TITLE NAM: 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP OHY - 51 - 26 DELETE Change Addition 5.1 TITLE Till: F 5.2 NAME MAME

14. I do 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 ir formation 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

6.4 CITY - ST - ZIP

61 THILE

6 2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 54 CITY-ST-Z#P

STHEET ADDRESS

STREET ADDRESS

CHY-ST ZIP

COY ST 701

MU NAME

DELETE

FILED

Apr 28 1997 8:00am

Secretary of State

Change

Addition

(96/6)