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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059693 (8)

DOCKS, DECKS & SEAWALLS, INC.

Principal Place of Business Mailing Address 180 CYPRESS CLUB DRIVE 180 CYPRESS CLUB DRIVE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-4773 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1995 11/12/1996 4. FEI Number Applied For 65-0597912 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be FL. Trust Fund Contribution 'Added to Fees 8. This corporation has liability for intangible t x under s. 199.032. Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUZZANO, THOMAS 180 CYPRESS CLUB DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) 83 POMPANO FL 33060 84 City Zip Code 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, have familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE THLE 1.1 TITLE Change Addition RUZZANO, THOMAS NAME **1.2 NAME** 180 CYPRESS CLUB DRIVE #830 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY ST 21 1.4 CITY-ST-ZIP

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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 information indicated on this annual eport 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 colorination 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 (Johangod or on an attachment with an address.)

SIGNATURE:

THIE

NAME

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7809 PANAMA STREET

MIRAMAR FL 33023

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DELETE

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2/24/96 954.785.2599

Change

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FILED

Mar 10 1997 8:00am

Secretary of State