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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000077904 (7)

ATLANTIC PAVERS AND PRECAST, INC.

Principal Place of Business

101 NORTHEAST 3 AVE., SUITE 101
FT. LAUDERDALE FL

Mailing Address

101 NORTHEAST 3 AVE., SUITE 101 FT. LAUDERDALE FL



							3. Date incorporated or Qualified 10/05/1995	3a. Date	of Last Re	port	
2. Principal Pla	ice of Busines	35	2a. Mailing Addre	28. Mailing Address			4. FEI Numibier		<u> </u>	pplied For lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			Oity & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip		Country	Zip	Zip Gountry			8. This corporation has liability for	intangible ta			
24		25	29	30			Florida Statutes Yes No				
	9, Name a	and Address of Currer	nt Registered Agent				10. Name and Address of New F	legistered	Agent		
LEONAR	D, KEVIN T	AVE SHITE 101			81 Nam82 Street		(P.O. Box Number is Not Acceptate	ole)			
101 NORTHEAST 3 AVE., SUITE 101 FT. LAUDERDALE FL					83			•			
					84 City			FI	85 Zip	Code	
or registere	зо адень, оло	ns of Sections 607.0503 otn, in the State of Flori the obligations of, Sect	da. Suco charlos was a	althorized by the d	ve named orporation	corporation's board of	on submits this statement for the purificulty of directors. I nereby accept the app	rpose of cha ontment as	inging its re registered	gistered office agent. I am	
SIGNATURE _	Norwhee times of	probe rank otropolov tajes	ter at the Capracanar	Cafilla Registered	A new contract			DA'E			
12.		OFFICERS AN		I 13.	rige it lage to a		ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	
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CITY - ST - ZIF	FT. LAUD	erdale fl		140							
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C-TY - ST - Z-P				6.4 Cil	Y-ST-ZiP						
14. I do hereby certify that i oath; that I appears in I	certify that th the informatio am an officer Block 12 or B	ie information supplied vinindicated of this arinul or director of the corpollock 13 if charged or c	with this filing is voluntar pal report or supplement pation of the receiver or on any teachment with	ily furnished and d al amual report is trusjeë empower n address.	loes not q true and ed to exec	ualify for t accurate a cute this re	ne exemption stated in Section 119, and that my signature shall have the port as required by Chapter 607, Fl	07(3)(k), Flor same legal i orida Statute	ida Statute effect as if r es; and that	s I further made under my name	

SIGNATURE:

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3096

9544683200

Day to e Phone K

CR2E034 (12/95)